

Protected Cell Captive Insurance Company Individual Cell Application

Submit to assigned analyst, unless submitted with new captive application, then submit to captive.insurance@tn.gov.

A. GENERAL INFORMATION:

1. Name of Protected Cell Captive Insurance Company the cell is associated with:

2. Name of Proposed Protected Cell:

3. Parent or Sponsor: *

Name:

Street Address:

City, State and Zip:

Phone Number:

E-Mail Address:

4. Type of Business Proposed:

Incorporated Series LLC

Unincorporated LLC

5. Principal Place of Business of Proposed Cell:

6. Resident Registered Agent:

7. Location of Books and Records:

* If Beneficial Owner is publicly traded, current Annual Report (10-k) must be included with application

C. CONTACT INFORMATION

APPLICANT CONTACT

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

CAPTIVE MANAGER*

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

ACTUARIAL FIRM*

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

CERTIFIED PUBLIC ACCOUNTANT*

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

THIRD PARTY ADMINISTRATOR

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

INSURANCE OR REINSURANCE BROKER

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

*Captive Manager, CPA, and Actuary must be approved by the Department. See "How to Form a Captive" on our website for additional information.



Captive Insurance Section

500 James Robertson Parkway
Nashville, Tennessee 37243
615-741-3805

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN ARE TRUE ESTIMATES BASED UPON FACTS WHICH HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.

I ACKNOWLEDGE AND AGREE THAT ANY COST ASSOCIATED WITH ACTUARIAL REVIEWS PREPARED AT THE REQUEST OF THE CAPTIVE INSURANCE SECTION OF THE TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE ASSOCIATED WITH THE REVIEW OF THIS APPLICATION IS THE SOLE RESPONSIBILITY OF THE APPLICANT.

**Officer, Director, or
Attorney-in-Fact for a Reciprocal***

Captive Manager*

Date:

Date:

Name:

Name:

Signature:

Signature:

*These signatures must be two separate individuals.