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

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.

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Λ	CENIEDAI	INFORMATION:
\mathbf{A}	GENERAL	IIVEURIVIATIUTIV

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:	7 1.	
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 Principal Place of Business of Proposed Cell: 6. Resident Registered Agent:	1.	Name of Protected Cell Captive Insurance Company the cell is associated with:
Name: Street Address: City, State and Zip: Phone Number: E-Mail Address: 4. Type of Business Proposed:	2.	Name of Proposed Protected Cell:
Street Address: City, State and Zip: Phone Number: E-Mail Address: 4. Type of Business Proposed:	3.	Parent or Sponsor: *
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:		Name:
Phone Number: E-Mail Address: 4. Type of Business Proposed: Incorporated Series LLC Unincorporated LLC Principal Place of Business of Proposed Cell: 6. Resident Registered Agent:		Street Address:
E-Mail Address: 4. Type of Business Proposed:		City, State and Zip:
 4. Type of Business Proposed:		Phone Number:
Incorporated Series LLC Unincorporated LLC 5. Principal Place of Business of Proposed Cell: 6. Resident Registered Agent:		E-Mail Address:
Incorporated Series LLC Unincorporated LLC 5. Principal Place of Business of Proposed Cell: 6. Resident Registered Agent:		
Unincorporated LLC 5. Principal Place of Business of Proposed Cell: 6. Resident Registered Agent:	4.	Type of Business Proposed:
5. Principal Place of Business of Proposed Cell:6. Resident Registered Agent:		☐ Incorporated ☐ Series LLC
6. Resident Registered Agent:		☐ Unincorporated ☐ LLC
6. Resident Registered Agent:	_	Dringinal Diago of Business of Branesad Cally
	э.	Principal Place of Business of Proposed Cell:
7. Location of Books and Records:	6.	Resident Registered Agent:
7. Location of Books and Records:		
	7.	Location of Books and Records:

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

Captive Insurance Section

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B. COVERAGE/LIMITS/REINSURANCE

Coverage	Direct or Reinsurance	Policy Limits per Occ./Agg.	Claims Made or Occurrence	Amount Reinsured	Reinsured By
		F 2 2 2 3 1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1			
Program Aggregate	e Limit: \$				
Are Policies assessable? Yes No					
Parental Guarantee in place? Yes No					
Loan to Parent requested? Yes No No					
Loss Discounted?	Yes	□ No □	If so, prop	oosed rate?	

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C. CONTACT INFORMATION

<u>APPLICANT CONTACT</u>	CAPTIVE MANAGER*
Company Name:	Company Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
E-Mail Address:	E-Mail Address:
ACTUARIAL FIRM*	CERTIFIED PUBLIC ACCOUNTANT*
Company Name:	Company Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
E-Mail Address:	E-Mail Address:
THIRD PARTY ADMINISTRATOR	INSURANCE OR REINSURANCE BROKER
Company Name:	Company Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
E-Mail Address:	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.

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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

Attorney-in-Fact for a Reciprocal*	_Captive Manager*
Date:	Date:
Name:	Name:
Signature:	Signature:

^{*}These signatures must be two separate individuals.