



Captive Insurance Division
Arizona Department of Insurance
100 North 15th Avenue, Suite 102
Phoenix, Arizona 85007-2624

APPLICATION FOR CERTIFICATE OF AUTHORITY
CAPTIVE LINE OF BUSINESS CHANGE

(Full and Exact Corporate Name)

NAIC Number: _____ Federal ID Number: _____

hereby applies for a Certificate of Authority authorizing and empowering this Company to transact the business of insurance in the State of Arizona, under, and in compliance with, the captive laws.

Lines(s) of Business: _____

One of the officers (listed below) of the Applicant must read the following very carefully and execute this document along with a witness:

As a condition precedent to and as a consideration for the issuance of the Certificate of Authority herein applied for, this Company declares that its Articles of Incorporation permit it to transact captive insurance business; that it has complied with all laws of the State of Domicile relating to such companies, and that it accepts the terms and provisions of the laws of the State of Arizona applicable to said Company.

Dated at _____ this _____ day of _____

By _____
Signature of President _____ Full Legal Name of President

By _____
Signature of Secretary _____ Full Legal Name of Secretary

By _____
Signature of Treasurer _____ Full Legal Name of Treasurer

By _____
Signature of Witness _____ Full Legal Name of Witness