

## CERTIFIED REINSURER APPLICATION

**Please read Utah Insurance Administrative Rule R590-173-8 for all requirements Certified Reinsurers must adhere to.**

The following items need to be provided, please keep in same order as listed.

1. Submit the completed Certified Reinsurer Application Checklist including required attachments.
2. Payment of \$1,050 fee (\$1,000 Application and \$50 E-Commerce) to the Utah Department of Insurance.
3. Submit evidence applicant is domiciled and licensed in a Qualified Jurisdiction (NAIC Certificate of Compliance if domiciled in the United States).
4. Submit evidence of capital and surplus, or its equivalent, of no less than \$250,000,000 calculated in accordance with R590-173-8 (4) (h).
5. Submission of financial strength documentation from two or more rating agencies. Acceptable rating agencies are Standard and Poor's, Moody's Investor Service, Fitch Rating, and A.M. Best Company.
6. Submission of properly executed Form AR-1 and Form CR-1 (part of application package).
7. Submission of most recent Annual Statement and Quarterly Statements issued since last annual statement.

The applicant is responsible to assure all information including checklist is provided and remains current while the application is under review.

Applications should be submitted to:

The State of Utah Insurance Department  
3110 State Office Building  
Salt Lake City, Utah 84114  
Attn: Dava Ann Neal  
Phone: 801-538-3812  
Email: [dneal@utah.gov](mailto:dneal@utah.gov)

Utah Insurance Department  
Certified Reinsurer

**APPLICATION INFORMATION FORM**

Date organized:\_\_\_\_\_ State or Country of Domicile:\_\_\_\_\_

Company NAIC Number (if applicable)\_\_\_\_\_ Group Number\_\_\_\_\_

FEIN Number\_\_\_\_\_

Type of Company: Stock\_\_\_\_\_ Mutual\_\_\_\_\_ Reciprocal\_\_\_\_\_ Other\_\_\_\_\_

Is the applicant applying as part of an association? If so list all incorporated and individual unincorporated underwriters in the association:

List states and countries in which the company is an admitted, licensed Insurer:

List states in which the company is a recognized Certified Reinsurer(s):

List states where the applicant is an Authorized Reinsurer(s):

Indicate the lines of Insurance the company is authorized to write in its state or country of domicile:

Signed at\_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_,

By\_\_\_\_\_

Title\_\_\_\_\_

**Utah Insurance Department  
Company Address Information Form**

**Statutory Home Office Address**                      Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Mailing Address**                                      Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Company Renewal Contact**                      Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Service of Process**                                      Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Complaints Contact**                                      Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Billing Address**

Contact

Name \_\_\_\_\_

Street \_\_\_\_\_ Phone

Number \_\_\_\_\_

PO Box \_\_\_\_\_ Toll Free

Number \_\_\_\_\_

City \_\_\_\_\_ Fax

Number \_\_\_\_\_

State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

All address fields must be completed.

Updated 7-27-2017