

Accredited Reinsurance  
**QUALIFICATION CHECKLIST**

Company Name \_\_\_\_\_

State of Domicile \_\_\_\_\_ NAIC Company # \_\_\_\_\_

Date Organized \_\_\_\_\_ NAIC Group # \_\_\_\_\_

Address \_\_\_\_\_

<u>Item</u>	<u>Date Received</u>	<u>Date Approved</u>
1. Application with Fee \$1,050 (\$1,000 Application Fee and \$50 E- Commerce Fee)	_____	_____
2. Certificate of Compliance from domestic state	_____	_____
3. Certificate of Statutory Deposit _____	_____	_____
4. Legal Opinion & code section from other state	_____	_____
5. Certificate of Assuming Insurer	_____	_____
6. Annual Statement	_____	_____
7. List of all jurisdictions	_____	_____
8. Risk Based Capital	_____	_____
9. Financial Examination Report as of _____	_____	_____

**ADDITIONAL INFORMATION:**

Date Rec'd

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Approved \_\_\_\_\_

Date Denied \_\_\_\_\_ Reason for Denial or Withdrawal \_\_\_\_\_

UTAH INSURANCE DEPARTMENT

**APPLICATION INFORMATION FORM**  
FOR RECOGNITION AS ACCREDITED REINSURER  
(\$1,000 FEE required with this form – R590-102-6)  
(E-Commerce fee \$50 – R590-102-23)

NAME OF INSURER \_\_\_\_\_

Administrative Mailing Address:

Street \_\_\_\_\_

PO Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax Number \_\_\_\_\_

Annual Statement Contact

Name of person to contact \_\_\_\_\_

Title \_\_\_\_\_

Address, if different from above \_\_\_\_\_

Direct Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FAX Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

NAIC Number \_\_\_\_\_ Company \_\_\_\_\_ Group \_\_\_\_\_

Is this a subsidiary? If so, list parent company: \_\_\_\_\_

Is this a parent company? If so, list insurance subsidiaries:  
\_\_\_\_\_

List states and countries in which the company is an admitted, licensed insurer:  
\_\_\_\_\_

List states in which company is a recognized Reinsurer.  
\_\_\_\_\_



# STATE OF UTAH

## DEPARTMENT OF INSURANCE

Requirements for a foreign insurer seeking Status as an Accredited Reinsurer in the State of Utah. Utah Insurance Code 31A-17-404 included.

The following items and statements must accompany your letter of request:

1. **Application for Accredited Reinsurer** - The reinsurer must be an authorized insurer in at least one state which the Utah Commissioner designates by rule or order as having been found to enforce standards regarding credit for reinsurance substantially similar to those applicable under Utah Insurance Code 31A-17-404. **Fee is \$1,050** which must accompany application.
2. **Certificate of Compliance** - An **original certificate** over the signature and seal of applicant's domestic regulatory authority showing that applicant is duly organized under the laws of such jurisdiction and is authorized to transact the business of insurance. **Clarification of lines of authority if lines of authority are indicated by alphabet or number only.** Certificate must not be older than three months.
3. **Certificate of Statutory Deposit** (Original not dated over three months from date of application.)
4. **Name of State and Legal Opinion** that the state does enforce standards regarding credit for reinsurance that are substantially similar to the requirements of Utah Insurance Code Section 31A-17-404 (5)(a)(ii). **A copy of the section of the law from the state must accompany the opinion.**
5. **Certificate of Assuming Insurer** (form enclosed) must include name and address of designated person to whom Commissioner shall forward all legal processes against this company served upon him.
6. **Annual Statement** - the most recent filing, including substantially the same information as that required of authorized insurers, on the National Association of Insurance Commissioners Annual Statement form described in Section 31A-4-113 of the Utah Insurance Code. This Statement shall be submitted with the initial application and no later than March 1 of each renewal year. Statement shall have original signatures.
7. **List of all jurisdictions** - A statement listing all jurisdictions in which the applicant has applied for recognition to conduct a Reinsurance business and dates and results of those applications.
8. **Risk Based Capital** - A copy of the applicant's most recent Risk Based Capital Report submitted in the level of detail required by the NAIC.
9. **Financial Examination Report** - Certified by company's domestic state less than 3 months from date of submission. Must be less than 3 years since date of examination.

**The Order Granting Status as Accredited Reinsurer is granted for the period ending March 1 of the subsequent year, subject to annual renewal thereafter following the terms and conditions set forth in the Order. It is the responsibility of the reinsurer to renew the application and submit the documents required in Utah Insurance Code Section 31A-17-404. Annual Fee \$500. E-Commerce Technology Fee \$50.**