

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

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