



Department of Insurance
State of Arizona
Captive Insurance Division
Telephone: (602) 364-4490
Fax: (602) 364-3989

JANICE K. BREWER
Governor

2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
www.azinsurance.gov

GERMAINE L. MARKS
Director of Insurance

Management Firm Profile

Firm's Name: _____

Address: _____

Tel. #: _____ **Fax #:** _____

1. List principals & key employees with their respective responsibilities, number of years at the firm and number of years in their occupation:

2. List all educational credentials for each principal and/or key employee, including degrees, designations, institutions and year of completion/graduation. Also, list all insurance licenses and professional memberships:

3. Identify whether any employees or principals were ever denied an individual or position schedule fidelity bond, or had a bond canceled or revoked and, if yes, provide all relevant details and circumstances:



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4. List at least 10 of your insurance clients with their addresses and state of domicile and describe the type of work performed, year(s) employed and whether the client was a captive or traditional insurer:

5. If you have performed relevant work for less than 10 insurers in total, or for less than 5 captive insurers, explain and detail your qualifications to serve as a captive manager:

6. Detail the experience and expertise of all relevant management personnel and demonstrate evidence of their knowledge and familiarity with AZ statutes, rules and regulations pertaining to captive insurers?

7. During the past 10 years, has any public or governmental agency or regulatory authority ever either, refused to issue, suspended, or revoked, a professional license of any of your employees or principals? If yes, please describe details:

8. Has any principal or employee ever been subject to any disciplinary proceedings of any professional association or a federal/state regulatory agency? _____. If yes, please describe details:



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9. List three references within the insurance industry with addresses and phone numbers:

10. Explain and detail your activities and commitment to the Arizona captive insurance market and the promotion of captive insurers in Arizona:

Dated this _____ day of _____ 20____

Print Name of Officer/Principal _____

Signature _____