



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS

**CERTIFICATE REQUEST FORM**

**SECTION A: INSURANCE COMPANY INFORMATION (SUBMIT ONE FORM PER COMPANY)**

INSURANCE COMPANY NAME:	STATE OF DOMICILE:	NAIC NUMBER:
	AZ	

**SECTION B: CERTIFICATE INFORMATION**

TYPES OF CERTIFICATE:	QUANTITY:	COST:	TOTAL PRICE:
<u>Certificate of Compliance for Captive Insurance Company</u>		\$3.00	

**SECTION C: EFFECTIVE DATE REQUESTED FOR ABOVE: \_\_\_\_\_ (EXAMPLE: 12/31/2019 OR CURRENT)**

**SECTION D: CONTACT INFORMATION**

CONTACT:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP	
PHONE:	
EMAIL: [RECOMMENDED]	
FEDEX:	NOT AVAILABLE AT THIS TIME
UPS:	NOT AVAILABLE AT THIS TIME

Send the Certificate Request Form to [francine.juarez@difi.az.gov](mailto:francine.juarez@difi.az.gov).

Send the check, **made payable to the Arizona Department of Insurance and Financial Institutions**, and a copy of the Certificate Request Form to:

**Insurance Financial Affairs Division**  
**Arizona Department of Insurance and Financial Institutions**  
100 N. 15th Ave., Suite 261  
Phoenix, AZ 85007-2630

**CERTIFICATE(S) WILL BE SENT BY EMAIL.** Hard copies are not available at this time. Pick up from the Department is not available at this time.

Questions, contact Francine Juarez at [francine.juarez@difi.az.gov](mailto:francine.juarez@difi.az.gov) or (602) 364-4490.