



**Financial Affairs Division  
Arizona Department of Insurance**

100 North 15<sup>th</sup> Avenue, Suite 102, Phoenix, Arizona 85007-2624

Phone: (602) 364-3999

Web: <https://insurance.az.gov/>

**REQUEST FOR RELEASE OF CERTIFICATE OF DEPOSIT**

**REQUEST IS MADE FOR RELEASE OF THE FOLLOWING CERTIFICATE OF DEPOSIT FROM SAFEKEEPING WITH THE ARIZONA STATE TREASURER ON BEHALF OF THE DIRECTOR OF INSURANCE, WHO IS, IN TURN, HOLDING THE SECURITY FOR:**

\_\_\_\_\_ (Complete Name of Company)

\_\_\_\_\_ (NAIC / AZ CO #)

**CERTIFICATE OF DEPOSIT DESCRIPTION:**

Name of Financial Institution: \_\_\_\_\_

Face Amount: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Maturity Date: \_\_\_\_\_

Certificate of Deposit Number: \_\_\_\_\_

Financial Institution Account Number: \_\_\_\_\_ (if different than CD Number)

**TO BE CLASSIFIED AS A: (Check one only)**

- HCSO Escrow Reserve Deposit - ARS § 20-1056
- Ordinary Statutory Deposit required for authority to transact in Arizona
- Retaliatory Deposit – ARS § 20-230
- Security Deposit for the benefit of ARIZONA policyholders only
- Workers' Compensation Deposit – ARS § 23-961

**INSTRUCTIONS FOR DELIVERY OF THE RELEASED CERTIFICATE ARE:**

Recipient Name and Title: \_\_\_\_\_

Company or Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**BY THIS AUTHORIZED REPRESENTATIVE OF THE COMPANY:** (authorizing resolution may be required)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**DELIVER THIS FORM TO THE ADDRESS SHOWN ABOVE.**