



Financial Affairs Division
 Arizona Department of Insurance
 2910 North 44th Street, Suite 210
 Phoenix, Arizona 85018-7269
 Telephone: (602) 364-3999/Fax: (602) 364-3989

APPLICATION FOR CERTIFICATE OF REINSURANCE ACCREDITATION A.R.S. § 20-261.01(A)(2)

Full and Exact Corporate Name _____ NAIC# _____ Federal ID# _____

Statutory Home Office Address _____ (Number & Street, City, State, Zip Code, Telephone #)

Mail Address _____ (Number & Street, City, State, Zip Code)

Telephone #: (____) _____ FAX #: (____) _____ WATS #: (800) _____

Organized under the laws of _____ (State) on _____ (Month, Day, Year)

as a: Stock Company Mutual Company Other _____

hereby applies for a Certificate of Reinsurance Accreditation authorizing and empowering this Company to assume reinsurance from domestic ceding insurers in the State of Arizona, under, and in compliance with, the laws thereof in satisfaction of Arizona Revised Statutes Title 20.

The Company will OR will not reinsure Arizona workers' compensation business.

As a condition precedent to and as a consideration for the issuance of the Certificate of Reinsurance Accreditation herein applied for, this Company declares that its Articles of Incorporation permit it to reinsure the lines of business contemplated with this authority; that it has complied with all laws of the State of Domicile relating to such business; that it accepts the terms, provisions and jurisdiction of the laws of the State of Arizona applicable to this authority; that it accepts the authority of the Arizona Director of Insurance to examine its books and records and bear the expense of such examination; and that it will provide timely notification of any significant modification of information previously furnished pursuant to this application.

State of (_____)
 County of (_____) ss.

_____, President, and _____, Secretary

of the _____, being duly sworn, each for him(her) self deposes and says that they are the above described officers of said corporation, and that they executed the above instrument and that the statements and answers contained therein are true and correct to the best of their knowledge and belief, respectively.

Subscribe and sworn to before me this _____ Day of _____, _____.

 Notary Public

 President

 Commission Expires

 Secretary

Note: Provide a certified Corporate Resolution of Authorization for signers other than the President and Secretary.