FORM 3	AF									APPL	PPLICATION NO:		
The Nevis Island Administration Ministry of Finance and Development Financial Services Regulation and Supervision Department Application for Captive Insurer's Licence													
1: Name of Insurer			•										
2: Licence	Type Licence being applied for												
Details	Single Owner Less Than Five (5) Owners Greater Than Five (5) Owners Categor[y][ies] of Business												
	Class[es] of Business												
<ol> <li>Postal,</li> <li>Physical</li> <li>Addresses,</li> </ol>	Registered Office In Nevis [Whether already in existence or proposed]												
and Location of Books and	Principal Office of Insurer [Whether already in existence or proposed]												
Records	Location of Books and Records[Whether already in												
4: Parent[s], Sponsor[s] and or Participants	exi	stence or proposed] Name	Role		Addres	Address		Contact		Phone		E-mail	
	Α							Person					
	В												
	ОД										_		
	E						-				+		
5: Control		Name	Position With	n Insure	r	Connec	tion	with Applicant			FORM 2		
Persons [See Regulations for Definition]	Α											<u>]</u>	
	B											<u>]</u> 1	
	D											j	
C. Camina	Е		Inc. manage M		T A 44			A. ditan		A =4		]	
6: Service Providers	Α	Firm Name	Insurance M	anager	All	orney		Auditor	$\dashv$	Actuary			
†Where IM is non- resident, RA must be approved under the NIIO, 2004 in addition to the NBCO.	В	Address											
	C D	Contact Person E-mail							$\dashv$				
	E	Phone							+				
7: Operational	A Where will the risks to be insured be located?												
Details	B Will any fronting arrangements be used?												
8: Connection	C Will the entity engage in any marketing activities?  State here the nature of the relationship between the insurer and the insureds.												
between Insureds and Insurer	State here the hattire of the relationship between the filsurer and the insureus.												
9: Supporting	A Attach a narrative business plan									]			
Documentation	B Attach Pro-Forma Financial Statements for the next Five [5] Years												
	С	C Where the entity is already conducting business, attach audited financial statements for up to the last three [3] years.										]	
	D											]	
	E Attach Supplemental Financial Information Sheet										]		
This application is hereby made for the licence specified above and it is certified that all the particulars contained in this application and in the documents accompanying it or otherwise furnished in support thereof are true and correct.													
I/We undertake to inform the Minister and the Registrar, immediately, of any significant changes to the information supplied in this form.													
You should be aware that it is an offence to knowingly or recklessly provide "the Minister" or "the Registrar" with information which is false.													
Name/Position				Date				Signature					
Name/Position				Date				Signature					

This form should be completed by the applicant[s] on behalf of the proposed Captive Insurer, or where the entity already exists by the relevant authorised 'control person[s]'.

As defined by the Nevis International Insurance Ordinance 200, as amended, Captive Insurance Business refers to an entity that carries out;

"insurance business where the insured is a parent or affiliated company of the registered insurer or is a person in respect of whom the registered insurer is authorised by the Registrar to provide insurance";

Applicants/Prospective Registered Captive Insurers should note that this definition does not preclude a captive insurer from acting as a reinsurer as Section 21(2) reads;

"A registered insurer who is authorized to carry on only captive insurance business shall not accept business from or insure any person who is not a parent or affiliated company of the registered insurer unless the Registrar gives permission in writing on being satisfied that the registered insurer has sufficient liquid assets to cover the unrelated business."