



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:
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Certificate of Compliance for Captive Insurance Company

PLACE A 1 IN APPLICABLE BOX:
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<input type="checkbox"/>
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COST:
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TOTAL PRICE:
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SECTION C: EFFECTIVE DATE REQUESTED FOR ABOVE: \_\_\_\_\_ (EXAMPLE: 12/31/2020 OR CURRENT)

SECTION D: CONTACT INFORMATION

CONTACT:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP	
PHONE:	
<b>EMAIL FOR DELIVERY:</b>	

Section B Notes – Place a number 1 in the applicable (certificate wanted) box.

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 WILL BE SENT BY EMAIL.**

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