



Department of Insurance  
 State of Arizona  
 Captive Insurance Division  
 Telephone: (602) 364-4490  
 Fax: (602) 364-3989

**JANICE K. BREWER**  
 Governor

2910 North 44th Street, Suite 210  
 Phoenix, Arizona 85018-7269  
[www.azinsurance.gov](http://www.azinsurance.gov)

**CHRISTINA URIAS**  
 Director of Insurance

**Management Firm Profile**

**Firm's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel. #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**1. List principals & key employees with their respective responsibilities, number of years at the firm and number of years in their occupation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. List all educational credentials for each principal and/or key employee, including degrees, designations, institutions and year of completion/graduation. Also, list all insurance licenses and professional memberships:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Identify whether any employees or principals were ever denied an individual or position schedule fidelity bond, or had a bond canceled or revoked and, if yes, provide all relevant details and circumstances:**

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**4. List at least 10 of your insurance clients with their addresses and state of domicile and describe the type of work performed, year(s) employed and whether the client was a captive or traditional insurer:**

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**5. If you have performed relevant work for less than 10 insurers in total, or for less than 5 captive insurers, explain and detail your qualifications to serve as a captive manager:**

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**6. Detail the experience and expertise of all relevant management personnel and demonstrate evidence of their knowledge and familiarity with AZ statutes, rules and regulations pertaining to captive insurers?**

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**7. During the past 10 years, has any public or governmental agency or regulatory authority ever either, refused to issue, suspended, or revoked, a professional license of any of your employees or principals? If yes, please describe details:**

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**8. Has any principal or employee ever been subject to any disciplinary proceedings of any professional association or a federal/state regulatory agency? \_\_\_\_\_ . If yes, please describe details:**

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**9. List three references within the insurance industry with addresses and phone numbers:**

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**10. Explain and detail your activities and commitment to the Arizona captive insurance market and the promotion of captive insurers in Arizona:**

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Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Print Name of Officer/Principal \_\_\_\_\_

Signature \_\_\_\_\_