

Captives Insurance Survey

This document is to be used only as a reference and should not be used as a response to the survey.
Any responses received through this document will not be counted.

Company Information

1. Name of company: _____
2. Type of company, select one:
 - a. *Corporation*
 - b. *S. Corporation*
 - c. *Limited Liability Corporation*
 - d. *Partnership*
 - e. *Sole Proprietorship*
3. Principal place of business: _____
4. Industry: _____

Captive Information

1. Name of captive: _____
2. Year of incorporation: _____
3. Type of captive, select one:
 - a. *Pure / Single Parent*
 - b. *Group / Association / Industrial*
 - c. *Cell / Sponsored / Rent-A-Captive*
 - d. *Agency*
 - e. *Microcaptive*
 - f. *Other*
4. Domicile: _____
5. Is the captive treated as an insurance company for federal income tax purposes? *Yes / No*

6. Does the captive make the 831(b) election? *Yes / No*

Insured Risks

1. Provide written premium by coverage and policy year in separate tabs

| Coverage | Written Premium Allocable to Washington Risks | | | | Written Premium Allocable to Non-Washington Risks | | | | Format of Policy |
|------------------------|---|---------|-------|------|---|---------|-------|------|------------------|
| | Direct | Assumed | Ceded | Net | Direct | Assumed | Ceded | Net | |
| Workers Compensation | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| General Liability | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| Auto Liability | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| Professional Liability | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| Property | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| Medical Stop Loss | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| Other Liability * | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| Terrorism | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| NBCR ** | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| All Other | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | SELECT... |
| Total | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |

* Including Directors & Officers, Employment Practices Liability, Cyber, etc.
 ** Nuclear Biological Chemical Radiological

2. Does the captive cover third party (unrelated) risks? *Yes / No*

3. What types of third party (unrelated) risks are covered by the captive?

a. Employee Benefits, select one:

US benefits only / international benefits only / US and international benefits / None

b. Pooling or Reinsurance Arrangements with Captive Peers: *Yes / No*

c. Insurance to Employees (personal lines, etc.): *Yes / No*

d. Insurance to Customers (warranty, etc.): *Yes / No*

e. Insurance to Contractors (OCIP, etc.): *Yes / No*

f. Other: *Yes / No*

Captive Expense

1. What were the 2019 captive operating costs in the following areas:

a. Captive Management: \$ _____

b. Audit, Legal, Actuarial: \$ _____

c. Board Meetings: \$ _____

d. Other General & Administrative Expenses: \$ _____

e. Commission & Brokerage: \$ _____

f. Other Underwriting Expenses: \$ _____

Taxation & Fees

2. What are the annual premium taxes paid to domiciliary state? \$ _____

3. What are the annual premium taxes paid to non-domiciliary states? \$_____ *This amount should include any taxes paid by the parent company as a result of utilizing the captive*
4. What are the other annual fees are paid to domiciliary state? \$_____

Captive Benefits

1. In management's opinion, what are the economic and non-economic benefits provided by the captive?

Document List

1. Please provide the following documents:
 - a. Captive annual reports (as filed with domicile) for 2017, 2018 and 2019
 - b. 2019 captive policy list (separately for direct, assumed, and ceded policies)