



THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ALL INFORMATION CALLED FOR IS FURNISHED AND IT IS ACCOMPANIED BY THE PROPER FEE

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License No.....
Examined byApproved by.....
License Issued.....
License Rejected.....
FTZ Surplus

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES
APPLICATION FOR LICENSE UNDER ARTICLE 63
OF THE INSURANCE LAW

Initial License Renewal License

To the Superintendent of Financial Services of the State of New York:

The UNDERSIGNED CORPORATION hereby applies for a license for exemption pursuant to Article 63 of the Insurance Law and for that purpose submits the following statements and answers to the questions contained in the application:

1. Name of Company:
NAIC No.:

2. Organized under the laws of the State of

3. Home office:

Street address and number:
City or Village:
County:
State:
Zip code:

4. Main administrative office:

Street address and number:
City or Village:
County:
State:
Zip code:

5. Address of office within this State, where the business which is the subject of this application, is to be underwritten and transacted:

Street address and number:
City or Village:
County:
State:
Zip code:

6. Officer or other responsible employee in charge of Special Risk Insurance Office:

Name:
Title:
Telephone number:
E-mail address:

ANY CHANGE IN THE ABOVE ITEMS REQUIRES IMMEDIATE WRITTEN NOTIFICATION TO THE DEPARTMENT OF FINANCIAL SERVICES

7. Contact person for questions regarding this application:

Telephone number:

E-mail address:

8. In a separate attachment, provide a list of names and titles of the employees of the insurance company who work at the special risk office shown in item #5 and are charged with the responsibility of making underwriting decisions relating to the policies issued pursuant to Regulation 86.

9. Surplus to policyholders per latest financial statement filed with this Department as of

Surplus as regards policyholders \$

10. Total adjusted capital per latest annual statement

Authorized control level risk based capital per latest annual statement

Total adjusted capital divided by Authorized control level risk based capital

11. Amount of Article 63 direct premium writings transacted during the preceding two calendar years:

	20	20
Class 1	\$	\$
Class 2		
Class 3		
Total direct premiums written For Class 1, Class 2 and Class 3	\$	\$
Total policies issued under Class 1, Class 2, and Class 3		

12. Will the company write Class 3 risks pursuant to Section 6303(a)(3) of the Insurance Law? YES NO

13. a. Is the insurer a New York domestic property/casualty insurance company or reciprocal insurance company that writes medical malpractice insurance? YES NO

If the answer to 13a is "YES", the company must answer 13b, 13c and 13d.

b. Does the insurer have total direct premiums comprised of at least 90% medical malpractice insurance? YES NO

c. Does the insurer assume reinsurance premiums in an amount that is less than 5% of total direct premiums? YES NO

d. Does the insurer write at least 90% of its total direct premiums in New York? YES NO

ATTESTATION

State of _____
County of _____ ss

The Undersigned, being duly sworn, each depose and say that they are the principal officers of the said corporation described in and which executed the above instrument: that they are authorized by the board of directors of said corporation to execute the above instrument, and that they signed their names thereto by like order.

(Principal Officer Signature)

(Principal Officer Signature)

(Print Name)

(Print Name)

(Title)

(Title)

Subscribed and sworn to before me
this _____ day of _____
