The application checklist is intended to help guide you with assembling your complete application. Please be sure to complete the checklist prior to submitting your application to the department for review. The completed checklist should be attached to the top of your application.

**OPERATIONAL DOCUMENTS**

1. [ ] Application Form, containing:
   - [ ] Original form;
   - [ ] Executed and notarized; and
   - [ ] Including all lines of insurance the applicant is licensed to transact in other jurisdictions.

2. [ ] Filing Fee, containing:
   - [ ] Payment of filing fee; and
   - [ ] Copy of check.

3. [ ] Profile, containing:
   - [ ] Organization Charts;
   - [ ] Plan of Operation (with Verification);
   - [ ] List of affiliates; and
   - [ ] List of any pending applications.

4. [ ] Seasoning Requirements

5. [ ] Articles of Incorporation, containing:
   - [ ] Original certification by domiciliary state.

6. [ ] Bylaws, containing:
   - [ ] Original certification by applicant’s corporate secretary.

7. [ ] Individual Affidavits and Fingerprints, containing:
   - [ ] One original plus two (2) copies of the affidavits;
   - [ ] Affidavits and fingerprints for the following individuals:
     - [ ] Officers;
     - [ ] Directors;
     - [ ] Key managerial personnel;
     - [ ] Individuals with a 10% or more beneficial ownership in the applicant; and
     - [ ] Individuals with a 10% or more beneficial ownership in the applicant’s Controlling parent.

8. [ ] Organizational Affidavit

9. [ ] Government Ownership or Control

10. [ ] Advisory, Management and Service Agreements, containing:
    - [ ] Checklist; and
    - [ ] Written agreements with safeguard provisions.

11. [ ] Custody Agreements, containing:
    - [ ] Statement regarding custody of securities; and
STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE
CERTIFICATE OF AUTHORITY APPLICATION CHECKLIST

☐ Written agreements with safeguard provisions.

12. ☐ Questionnaire

13. ☐ Retaliatory Statement or Certificate

14. ☐ Name Approval

15. ☐ Qualification with California Secretary of State

16. ☐ Agent for Service of Process

17. ☐ Special Power of Attorney to Appoint Agents

18. ☐ Workers’ Compensation Deposit or Letter of Credit

19. ☐ Holding Company Form “B” Registration Statements


FINANCIAL DOCUMENTS

21. ☐ Minimum Paid-in Capital and Surplus Requirements, containing:
   ☐ All lines of insurance the applicant is licensed to transact in other jurisdictions; and
   ☐ Worksheet.

22. ☐ Annual Statements with Attachments, containing:
   ☐ Current Year - three copies
   • Verified and signed,
   • Certified by domiciliary state insurance regulatory agency, and
   • Certification of actuarial opinion; and
   ☐ Two preceding years - one copy of each year.

23. ☐ Quarterly Statements, containing:
   ☐ Current Year - one copy of each quarter, verified and signed.

24. ☐ Independent CPA-Audited Report

25. ☐ Report of Examination, containing:
   ☐ A period of examination not exceeding three (3) years, or report meeting exception criteria; and
   ☐ Original certification by domiciliary state insurance regulatory agency.

26. ☐ Certificate of Organization, Capital and Assets, containing:
   ☐ Original certification by domiciliary state insurance regulatory agency.

27. ☐ SEC Filings or Consolidated GAAP Financial Statement

28. ☐ NAIC Management Discussion Analysis
### CERTIFICATE OF AUTHORITY APPLICATION CHECKLIST

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<tr>
<td>29.</td>
<td>☐ Risk-Based Capital Report</td>
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<td>30.</td>
<td>☐ Market Conduct Examination Report</td>
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<td>31.</td>
<td>☐ Statutory Financial Projections</td>
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<tr>
<td>32.</td>
<td>☐ Debt-to-Equity Ratio Statement</td>
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| 33. | ☐ Reinsurance Agreements, containing:  
| | ☐ Checklist;  
| | ☐ Summary; and  
| | ☐ Written agreements with safeguard provisions. |

### STATUTORY DOCUMENTS

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<tr>
<td>34.</td>
<td>☐ Workers’ Compensation Insurance Rating Bureau (WCIRB)</td>
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<td>35.</td>
<td>☐ California Life and Health Insurance Guarantee Association (CLHIGA)</td>
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<td>☐ California Insurance Guarantee Association (CIGA)</td>
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<td>37.</td>
<td>☐ California Automobile Assigned Risk Plan (CAARP)</td>
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### ALIEN INSURER DOCUMENTS

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<tr>
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<td>☐ Statement of Trusteed Surplus</td>
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<td>40.</td>
<td>☐ Certificate of General State Deposits</td>
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<td>41.</td>
<td>☐ Power of Attorney - U.S. Manager</td>
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### OTHER REQUIREMENTS

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<td>☐ Rate Filing – Workers’ Compensation</td>
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<td>44.</td>
<td>☐ Actuarial Certification</td>
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<tr>
<td>45.</td>
<td>☐ Variable Annuity, Modified Guaranteed Annuity or Variable Life</td>
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