

FSM CAPTIVE INSURANCE COUNCIL

www.fsmcaptives.fm
P.O. Box 902 Kolonia, Pohnpei, FM 96941

An Invitation to Membership at the FSM Captive Insurance Council

The FSM Captive Insurance Council (“FSM CIC”) was established in 2010 with a mission educate, promote and improve the captive insurance industry of the Federates States of Micronesia (FSM). It is a not-for-profit organization that acts as a forum for companies and individuals practicing or connected with the captive insurance industry in the FSM to advocate and discuss issues and initiatives to develop the FSM as a leading captive domicile in the world.

Seminars and Conferences

FSM CIC hosts regular seminars, conferences and meetings for captive insurers, service providers and other insurance industry members with bona fide interest in the maintenance, development, and promotion of the captive insurance industry in the FSM.

As a member you will benefit from invitations to these informative events, with speakers presenting the latest developments in captives and the FSM.

Legislative Affairs

FSM CIC is uniquely positioned to provide recommendations to the regulatory and legislative bodies of the FSM from the perspective of the captive industry. FSM CIC works closely with the FSM Banking & Insurance Board and can act as a voice to address members’ concerns or questions.

FSM CIC welcomes suggestions and topics for discussion with the government of the FSM.

Membership Benefits

Networking Opportunities

At various events you will have the opportunity to network with other captive owners, service providers and regulators.

Information Service

FSM CIC provides up-to-date information on the captive industry in the FSM through seminars and newsletters. Members are also invited to be listed on the directory listing of FSM CIC members on the website.

FSM CIC welcomes applications for membership from the following entities or individuals:

Captive Insurer Member	Industry Member	Associate Member
Any licensed captive insurer formed under the Public Law of the FSM.	Any person or firm providing products or services to captive insurance companies or related to the captive insurance industry	Any company or individual interested in the FSM Captive Domicile
<i>Membership Due: US\$100/year</i>	<i>Membership Due: US\$500/year</i>	<i>Membership Due: US\$300/year</i>

Note: Only Captive Insurer and Industry Members may become Directors and/or Officers of FSM CIC. Dues are not pro-rated or refunded.

FSM CIC MEMBERSHIP APPLICATION FORM

NAME OF APPLICANT			
Membership Class (tick one box)	<input type="checkbox"/>	Captive Insurer: Please provide the following information as well. (US\$100/yr)	
		Date of Initial License	
		Type (Class) of Captive	
		Type(s) of Business/Line(s) of Insurance Offered	
	<input type="checkbox"/>	Industry Member: Please provide the following information as well. (US\$500/yr)	
		Brief description of the business and products/services your organization provides:	
	<input type="checkbox"/>	Associate Member: Please provide the following information as well. (US\$300/yr)	
		Profession:..	
		Reason for joining FSM CIC:..	
Directory Listing Preference	If admitted as a member of the association, FSM CIC will list your company name and membership type on the directory published by FSM CIC. If you wish to remain anonymous, please check here: <input type="checkbox"/>		
CONTACT INFORMATION			
Surname		Middle name(s)	
First name		Title	
Company/ Organization			
Address			
City		State	
Postal/ Zip Code		Country	
Phone		Fax	
E-mail address	If admitted as a member of the association, the Applicant will automatically be added to the FSM CIC's mailing list and email update list. If the Applicant would prefer not to be added to the mailing and email update lists, please check here: <input type="checkbox"/>		
Payment Method (tick one box)	<input type="checkbox"/>	I enclose a check in the amount of US\$_____ payable to: <i>FSM CAPTIVE INSURANCE COUNCIL, INC.</i> <i>(recipient address to be advised)</i>	
	<input type="checkbox"/>	I have arranged a bank transfer to the following FSM CIC bank account:	
		<i>Name of Bank (to be advised)</i>	<i>Account Number (to be advised)</i>
		<i>Branch (to be advised)</i>	<i>Account Holder (to be advised)</i>
		<i>SWIFT/BIC Code</i>	<i>(to be advised)</i>

The above-named Applicant hereby applies to become a member, of the class indicated above, of Federated States of Micronesia Captive Insurance Council, a FSM non-stock corporation ("FSM CIC"). The Applicant hereby certifies that it is employed by or in, practices or otherwise does business in, or otherwise is supportive of the captive insurance industry in the Federated States of Micronesia, and agrees that it will notify the corporation promptly if and when the foregoing ceases to be true.

Applicant / Representative Name

Organization name (if applicable)

Date

Signature (for and on behalf of the organization where applicable)

FSM CIC Use Only	Accept / Decline	Initial Dues Paid _____	Annual Dues Paid _____
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