



**CAMB Nation**  
**Tribal Domicile for Insurance and Reinsurance**  
**Insurance Department**  
**Packet on Producer Owned Reinsurance Companies (PORCs)**

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## **CAMB Reinsurance Domicile PORC Fee Schedule**

### **License Application Fees**

1. Reinsurer's License	\$ 500
2. Reinsurance Agent's License	\$ 475
3. Reinsurance Broker's License	\$ 725
4. Reinsurance Manager's License	\$ 975
5. Principal Reinsurance Representative's License	\$ 425
6. Reinsurance Sub-agent's License	\$ 125



## Annual License Fees

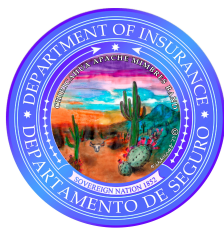
Annually on or before March 31<sup>st</sup> during the subsistence of the License, for each License category:

(a) Insurer's	\$2,000
(b) Insurance Agent's License	\$ 475
(c) Insurance Broker's License	\$1,450
(d) Insurance Manager's License	\$3,475
(e) Principal Insurance Representative's License	\$1,450
(f) Insurance Sub-Agent's License	\$ 95

Note: When a License is first granted, the annual fee payable for the initial year of the company's operations shall be the relevant annual fee indicated above, pro-rated from the month in which the License is granted to the following 31st March. This is in addition to the Application Fee, which is not pro-rated.

## Miscellaneous Fees

1. Change of directors or officers	\$20
2. Change of shareholder	\$20
3. Due diligence checks, per individual	\$70
4. Change of reinsurer	\$45
5. Removal of business to be underwritten	25% of the fee on application for a License
6. Inclusion of new business to be underwritten	25% of the fee on application for a License
7. For merger of companies	25% of the fee on application for a License
8. Sale of portfolio to another company	25% of the fee on application for a License
9. Purchase of portfolio from another company	25% of the fee on application for a License



**CAMB NATION**

**INSURANCE DEPARTMENT**

**QUESTIONNAIRE & DECLARATION**

1. Name of the Company:

.....

*In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)*

*Where the applicant believes that a question does not apply, the Applicant should write "Not Applicable", or "N/A".*

2. Last Name: .....

First Name(s) .....

3. Previous name(s) by which you have been known (if any)

.....

4. Gender:

Male ☐ Female ☐

5. Passport particulars (attach copy of passport biographical page)

Issuing Territory: .....

Number: .....

Date of Issue (DD/MM/YYYY).....

Expiration Date (DD/MM/YYYY).....

6. Date of birth (DD/MM/YYYY)

.....

7. Place of birth

Town .....

State/Province .....

Country .....

8. Nationality:

.....



<b>9. Business address</b>	Street:		
	City:		
	State/Province:		
	Country:		
	Business telephone No.	Email:	
<b>10. Principal Residential address</b>	Street:		
	City:		
	State/Province:		
	Country:		
	Telephone No:	Email:	
<b>11. State relationship with institution in #1.</b> .....			
<b>12. List your residential/private addresses for the last (5) years (where different from that given above)</b>			
<b>Date</b> <i>(DD/MM/YYYY)</i>	<b>Address</b>		<b>Country</b>
<b>13. Education:</b>			
<b>Date</b> <i>(DD/MM/YYYY)</i>	<b>Location</b>	<b>Degrees / Graduate Studies / Other</b>	<b>Institution</b>
<b>14. List memberships in professional societies and associations.</b>  .....  .....			
<b>15. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past ten (10) years.</b>			
<b>Title</b>	<b>Employer and Address</b>		
<b>15.1. Present employer may be contacted.</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>15.2. Former employers may be contacted.</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>			

16. List the following information of three (3) independent references.			
Name	Address	Telephone/ Fax Nos.	Email

**17. Have you ever been denied or had cancelled or revoked, a fidelity bond/professional indemnity insurance?**

Yes ☐ No ☐

If yes, give details

.....

.....

**18. List any professional and/or occupational license issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination)**

.....

.....

**19. During the last ten (10) years, have you ever been refused a financial services license or had an interest in a group which was refused a license, had a license suspended or revoked?**

Yes ☐ No ☐

If yes, give details.

.....

.....

**20. List any financial services businesses, which you control directly or indirectly, or in which you own legally or beneficially 10% or more of the outstanding shares (in voting power).**

.....

.....

**21. Have you at any time failed to satisfy any debt adjudged due and payable by you as a judgement-debtor under an order of a Court in the United States or elsewhere. Yes**

No ☐ ☐

If yes, give particulars.

.....

.....

**22. Have you in connection with the formation or management of any corporation, LLC, partnership or joint venture, been adjudged by a court in the United States or elsewhere civilly liable for any fraud or other misconduct by you towards such a company or towards any members thereof?**

Yes ☐ No ☐

If yes, give particulars.

.....

.....

.....

**23. Has anybody corporate, partnership or incorporated institution with which you were associated as a director or officer in the last 10 years, in the United States or elsewhere, been compulsorily wound up or made any compromise or arrangement with its creditors, or ceased trading in circumstances where its creditors did not receive or have yet to receive full settlement of their claims, either where you were associated with it or within one year after you ceased to be associated with it?**

Yes ☐ No ☐

**If yes, give full particulars.**

.....  
.....  
.....

**24. Will you or members of your immediate family subscribe to or own, beneficially shares in the company in #1?**

Yes ☐ No ☐

**If yes, give details.**

.....  
.....

**25. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence or pardoned for conviction or pleaded guilty or nolo contendere to any offence, with the exception of a minor traffic offence, or have been the subject of any disciplinary proceedings of any federal or state regulatory agency?**

Yes ☐ No ☐

**If yes, give details.**

.....  
.....

**26. Has any company been so charged as a result of any action or conduct on your part?**

Yes ☐ No ☐

**If yes, give details.**

.....  
.....

**27. Have you or any member of your immediate family ever been adjudged as bankrupt?**

Yes ☐ No ☐

**If yes, give details**

.....  
.....

**28. Have you ever been an officer, director trustee, investment committee member, key employee, or controlling shareholder of any financial services business, which, while you occupied any such position or capacity with respect to it, become insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?**

Yes ☐ No ☐

**If yes, give details including names and dates.**

.....  
.....

**29. Has the certificate of authority or license to do business of any financial services business of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?**

**Yes** ☐ **No** ☐

**If yes, give details**

.....  
.....  
.....

# DECLARATION OF SOLVENCY

I, ....., hereby declare that to the best of my knowledge that the statements below are true:

1. My assets are greater than my liabilities. Yes ☐ No ☐

If no, provide details \_\_\_\_\_

2. I do not have any payments due and outstanding in excess of ninety (90) days, to any financial institution, utility company, retailer/wholesaler or to any person, company or organisation. Yes ☐ No ☐

If no, provide details \_\_\_\_\_

3. I do not have any pending or ongoing litigation in any court of law that may result in a financial loss. Yes ☐ No ☐

If no, provide details \_\_\_\_\_

4. To the best of my knowledge, I am not aware of any thing or situation, in addition to the above, that could negatively change my financial status in the foreseeable future and therefore I hereby declare that I am solvent.

I hereby certify under penalty that I am acting on my behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated and signed this       day of       2025       at

\_\_\_\_\_  
(SIGNATURE OF AFFIANT)

State of .....

Country of .....

The above named ..... personally appeared before me and is personally known to me, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 2025

(Seal)

(Notary Public)

My Commission Expires:

**GENERAL ADVISORY and POSITION OF THE CAMB NATION TRIBAL DOMICILE:**

1. If it comes to the attention of the Commissioner of Insurance that any information in this Declaration was in anyway untrue or misleading at the date of submission, any license issued based upon such Declaration shall be rescinded, cancelled, and rendered null and void.
2. Within 30 days of discovering, any change in circumstances, which will make the Declaration false and/or misleading, the licensee and/or individual to which it represents, shall inform the Insurance Commissioner of the change.
3. On the third anniversary of the last Declaration, a new Declaration, duly notarized, shall be submitted to the Commission.
4. The Tribal Domicile may elect on its own to cease operating as a Tribal Domicile with thirty days notice to applicant /licensee. In such case every effort will be made to transfer a licensee's license to another Tribal Domicile.
5. Any reinsurance agreements or other agreements or contracts executed by licensee will be transacted on an Indian reservation, Indian trust land, or other land considered as Indian Country.
6. If any business is transacted between your reinsurance company (Producer Owned Reinsurance Company) and any primary carrier, captive, micro-captive, or Contract Liability Insurance Company (CLIP), where such primary carrier, captive, micro-captive, or CLIP is operating outside of Indian Country, said primary company, captive, micro-captive or CLIP is not operating under the authority of CAMB Nation and CAMB Nation shall not assume or accept any responsibility for regulation o such primary company, captive, micro-captive or CLIP.
7. CAMB Nation and its licensees operate within tribal law and as permitted under federal Indian law.
8. CAMB Nation makes no efforts to avoid or work around state law.
9. CAMB Nation fully recognizes the authority of states to regulate the business of insurance within the boundaries of state law.
10. CAMB Nation does not recognize any authority of any state to regulate the business of insurance or reinsurance within Indian Country.
11. By conducting business as a reinsurer, within Indian Country, a reinsurer does not engage in business outside of Indian Country. The activities of any primary insurer or CLIP outside of Indian Country are not the business activities of the reinsurance company.
12. The CAMB Nation Tribal Domicile licenses insurance companies and reinsurance companies to operate within Indian Country only. Any license issued by the CAMB Nation Tribal Domicile have no force, effect, or application outside of Indian Country. If you seek to do business outside of Indian Country then please make application for a license from a state insurance department or other appropriate regulatory authority.
- 13.

**DECLARATION BY PRODUCER<sup>1</sup>**  
**IN SUPPORT OF APPLICATION FOR A**  
**PRODUCER OWNED REINSURANCE COMPANY LICENSE**  
**in the name of**



(*Insert name of PORC*)

CAMB NATION TITLE 33, INSURANCE ACT<sup>2</sup>

I (*Name of Declarant*), being a director or manager of (*Name of Producer*) hereby confirm that each of the persons or companies listed below qualifies as an affiliate of the Producer.

	Affiliate	Relationship to the producer
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I am aware that making a false declaration in support of an application for a license may result in the immediate revocation by CAMB Nation of any license granted in reliance thereon.

Declared this    day of    2025

Designation of Declarant:                      Signature:

Witness this    day of

2025    Name of Witness                      Signature:

Designation of Witness:

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<sup>1</sup> Producer means a person who sells or provides products whose risk are to be reinsured by the PORC.



## **CAMB NATION INSURANCE DEPARTMENT**

### **Producer Owned Reinsurance Companies: Classes of Business**

These Guideline apply to Producer Owned Reinsurance Companies (“PORCs”), licensed to conduct insurance business in or from the Southern Cherokee Indian Tribe or other locations within Indian Country. PORCs are approved to underwrite risk associated with:

- 1) Finance and Insurance (F & I) products sold by or on behalf of a producer in conjunction with the purchase, lease or ongoing ownership or control of a vehicle or other property, which includes:
  - i) Collateral Protection;
  - ii) Credit Accident & Health;
  - iii) Credit Property;
  - iv) Debt Cancellation;
  - v) Credit Life;
  - vi) Involuntary Unemployment;
  - vii) Vendor Single Interest (VSI);
  - viii) Loss Damage Waiver;
  - ix) Guaranteed Auto Protection Insurance (GAP);
  - x) Trade in Protection;
  - xi) Extended Warranty Insurance, including Limited and Lifetime Warranty of any kind;



- xii) Service Contract Insurance, including Vehicle Service Contract (VSC), Extended Service Contract (ESC), Extended Service Contract-Supplement (ESC-S), Appliance Service Contracts, Appliance Warranties;
  - xiii) Excessive Wear & Tear (“EW&T”), Excessive Wear & Use (“EWU”);
  - xiv) Collision Deductible;
  - xv) Functional use insurance, including Road Hazard, Tire & Wheel, Key & Windshield Replacement/Repair, Trip Interruption, Roadside Assistance, Travel Reimbursement, Etch/Theft Deterrent; and
  - xvi) Appearance Protection, including Dent & Ding, Paint & Fabric Repair, Window Tint.
- 2) Such other products sold by a producer in conjunction with the sale or lease of an underlying product, as may be approved by the Commissioner of Insurance.

PORCs approved to underwrite F & I risk are automatically approved to underwrite all the risk listed under F & I; accordingly, no changes in the business plan, and individual application and approval will be required to underwrite additional risk within the F & I risk category. The PORC will be required to list any new F & I risk being underwritten on its Annual Report / Compliance Statement.

PORCs wishing to underwrite new risk not listed as F & I risk will require regulatory approval based on a revised business plan, with payment of the prescribed fee and the new risk must be listed in the PORCs Annual Report / Compliance Statement.

**Insurance Department**  
March 7, 2025



# Application and Undertaking

MADE PURSUANT TO TITLE 33 INSURANCE ACT

I, the undersigned, [ Director, Agent, CEO or Authorized Party] HEREBY MAKE application in accordance with the provisions of Title 33 Insurance Act for an Insurer's License to be issued to *Insert name of PORC*

We hereby undertake that on the grant of the license that the Company will not engage in any business other than the reinsurance of the risk disclosed in the Application with the following as Primary Insurer(s)/Direct Writer(s) in respect of the categories of business mentioned:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Further, we hereby undertake that no change in the nature or extent of the risk to be reinsured or of the Primary Insurer(s)/ Direct Writer(s) will be made without the prior written approval of the Commissioner of Insurance of The CAMB Nation.

Signed this day of 2025

Name:

Signature:

Director

Agent

Authorized Party

CEO

This instrument was acknowledged before me this day of 2025 by

Name of Notary Public

[Signature] Notary Public