



Department of Business Regulation Insurance Division

1511 Pontiac Avenue, Cranston, RI 02920
P: 401.462.9520 • F: 401.462.9602
TTY: 711 • www.DBR.RI.gov



Medical Malpractice Self-Insurance Initial or Renewal Application This application is due annually by June 1st

Entity Name	
Contact Person	
Address	
Email	
Telephone	
Captive Insurer (if applicable)	
Domicile (if applicable)	
Regulatory Authority (if applicable)	

Filings to be submitted with this form: SUBMIT EITHER A OR B

In the case that some of these documents contain trade secret, personally identifiable information, personally identifiable health information or other potentially confidential information, please provide one version marked “public” that can be released pursuant to the access to public records law R.I. Gen. Laws Chapter 38-2 and one complete version of the document marked “confidential” that this Division can use in its analysis of the application.

A.	Accredited Medical School Affiliated Hospital Reserve Fund Filing Requirement – Due Annually by June 1st	Notes
	Evidence that the entity qualifies as a hospital affiliated with an accredited medical school that satisfies the requirements of RIGL 27-16-2.6	
	Audited Financial Statements	
	Actuarial projections regarding reserve adequacy	
	Description of current policy limits, deductibles, coverages, and rates	

B.	Self-Insurance Program (Captive or Otherwise) Filing Requirement – Due Annually by June 1st	Notes
	Description of the self-insurance program, identifying compliance with 230-RICR-20-10-1.6 requirements (\$1m/\$3m/\$10,000 deductible)	
	Business Plan	
	COA of captive insurer or other approved self-insurance vehicle fully licensed and subject to regulatory authority	
	Letter of Good Standing attesting to the solvency of the captive from the captive regulator	
	Audited Financial Statements	
	Actuarial projections regarding reserve adequacy	
	Description of current policy limits, deductibles, coverages, and rates	
	Identify whether Reinsurance or Excess Coverage Exists, and if so, explain	



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Application filed by:

<i>Company</i>	
<i>Contact Person</i>	
<i>Address</i>	
<i>Email</i>	
<i>Telephone</i>	
<i>Date:</i>	