

Prospective Participant Questionnaire

Thank you for your interest in participating in a Protected Cell of Oak Harbor Reinsurance Company (Oak Harbor Re). The first step of the application process is to complete the following questionnaire about yourself and the company you represent. Return the completed questionnaire with the requested information to David Littlehale at the address at the top of this form, or email this information to info@oakharborre.com.

Section 1 | COMPANY

Company Information

Company's Legal Name

DBAs, if any

State of Incorporation

Date of Incorporation

FEIN

Phone

Fax

Website

Mailing Address

City

State

Zip

If Mailing Address is a P.O. Box, please provide Street Address

City

State

Zip

List all Company Officers and Directors

Name

Title

Phone

Email

Will or has this transaction been submitted for approval to the Company's Board of Directors? _____ Yes (initial) _____ No (initial)

List all individuals or companies that own 10% or more of your Company		
Name	Individual (I) or Corporation (C)	Ownership Percentage %
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%

Section 2 | CONTACTS

► **IMPORTANT:** When designating contacts for communications, please be aware that Oak Harbor Re’s correspondence can include sensitive, non-public information, including but not limited to, company financial information, officers and directors of the company, and ownership interest. Remember to designate only contacts that are authorized to receive this type of potentially sensitive information.

Primary contact for day-to-day correspondence

Contact Name		
Email	Phone	Fax
Address		
City	State	Zip

Individual responsible for this potential transaction

► Individual responsible for executing agreement and authorized to transact business on behalf of prospective participant.

☐ Check if same as above

Contact Name		
Email	Phone	Fax
Address		
City	State	Zip

Section 3 | TRUSTED ADVISORS

Insurance Consultant/Broker

Company Name

Individual's Name

Email

Phone

Fax

Address

City

State

Zip

Insurance company initiated for direct coverage

Berkley Life and Health Insurance Company

Contact person

If contacted by your insurance broker, do you authorize Oak Harbor Re and/or its Manager to discuss your potential participation and its accompanying terms with them? ☐ Yes (initial) ☐ No (initial)

Accounting Advisor

Company Name

Individual's Name

Email

Phone

Fax

Address

City

State

Zip

► Please attach to this application a copy of the latest audited or reviewed year-end financial statements (income statement, balance sheet, and statement of cash flows). If you do not have audited or reviewed financial statements, please provide Oak Harbor Re with a copy of your most recently filed tax return.

If the financial statements or tax return are more than six months old, please also include interim financial statements with your application.

If contacted by your accounting advisor, do you authorize Oak Harbor Re and/or its Manager to discuss your potential participation and its accompanying terms with them? ☐ Yes (initial) ☐ No (initial)

Legal Advisor

Company Name

Individual's Name

Email

Phone

Fax

Address

City

State

Zip

If contacted by your legal advisor, do you authorize Oak Harbor Re and/or its Manager to discuss your potential participation and its accompanying terms with them? ☐ Yes (initial) ☐ No (initial)

Section 4 | BANK INFORMATION

Bank/Financial Institution

Financial Institution Name

Individual's Name

Email

Phone

Fax

Address

City

State

Zip

► If you participate in a Protected Cell of Oak Harbor Re, you will be required to pay non-premium funding to the Protected Cell. How do you intend to submit non-premium funding? ☐ Cash ☐ Letter of Credit*

*A letter of credit must come from a NAIC-approved financial institution.

Bank/Financial Institution for Letter of Credit

☐ Check if same as above

Financial Institution Name

Address

City

State

Zip

If contacted by your bank, do you authorize Oak Harbor Re and/or its Manager to discuss your potential participation and its accompanying terms with them? ☐ Yes (initial) ☐ No (initial)

Section 5 | ACKNOWLEDGEMENT

► Undersigned, acting through its authorized officer(s), states and affirms that the foregoing statements, records and answers concerning the operations and financial condition of the Undersigned are true and correct without any material omission.

The Undersigned agrees that the statements, records, and answers provided are made to induce Oak Harbor Re to enter into a Protected Cell Program Agreement ("Agreement") with the Undersigned. In furtherance of that Agreement, Undersigned further agrees that certain assets and liabilities described more fully in the Agreement will be linked to a Protected Cell of Oak Harbor Re.

Undersigned gives consent and authorization to Oak Harbor Re and its designated agents to request, obtain or access such credit, accounting, banking, insurance or financial information about the Undersigned from any source and in any form that Oak Harbor Re considers necessary and appropriate to evaluate whether to enter into an Agreement with the Undersigned. This authorization shall be valid for one year.

Please Print Name

Company

Title

Date

Signature

X _____