

Solvency Monitoring Contractor Directory

Purpose

The Solvency Monitoring Contractor Directory is intended to provide a listing of contract firms/individual contractors who provide a variety of solvency monitoring services to state insurance departments. The information collected for each submission, which includes the contractor’s experience and qualifications, areas of expertise and other relevant information, should assist Departments of Insurance in making informed decisions when evaluating and selecting contractors.

Instructions for Completing the Form

One representative from the contract firm/individual contractor performing solvency monitoring services may complete the Solvency Monitoring Contractor Directory submission form. The form requires the designated firm representative (e.g., Senior Officer, Partner, Director, etc.) to attest to the completeness and accuracy of the information provided. Once the form is complete, it should be submitted to NAIC staff using the SUMBIT button below.

**IMPORTANT**

Inclusion of a contract firm/individual contractor within the Solvency Monitoring Contractor Directory is voluntary and may not represent all available contract firms/individual contractors.

NAIC does not endorse and has not verified any of the credentials or qualifications for the contractors included in the directory.

The Solvency Monitoring Contractor Directory listing is available on the NAIC’s Examination Oversight (E) Task Force webpage. A more complete listing with detailed information for each contract firm/individual contractor is posted on the NAIC’s StateNet for regulators to access.

Contacts

Please contact NAIC staff at eklebba@naic.org with any questions.

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|  Click here when finished to submit the form to the NAIC |

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| General Information |
| Firm Name: |  |
| Primary Contact Number: |  |
| Firm Address: |  |
| Phone: |  |
| E-Mail: |  |
| Website: |  |
| Year Established: |  |

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| By checking the “I attest” box below, I hereby attest that the information provided on the Solvency Monitoring Contractor Directory submission form is true, accurate and complete to the best of my knowledge. |
| **I attest** | **First Name** | **MI** | **Last Name** | **Suffix** | **Company Title** |
|[ ]   |  |  |  |  |

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| Please select the types of solvency monitoring services your firm offers (select all that apply): |
| [ ] Financial Examinations | [ ] Investment | [ ] ORSA Reviews |
| [ ] Financial Analysis | [ ] Reinsurance | [ ] Form A Reviews  |
| [ ] Actuarial Reviews | [ ] Market Conduct | [ ] Cybersecurity  |
| [ ] IT Reviews | [ ] Receivership | Other:  |

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| Please select your firm’s areas of industry expertise (select all that apply): |
| [ ] Property and Casualty | [ ] Title | [ ] RRG/Captive |
| [ ] Health | [ ] Separate accounts | [ ] Protected Cell |
| [ ] Life | [ ] Fraternal | Other  |

Please select all locations that your Company is willing to work in:

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| [ ] ALL STATES | [ ] CT | [ ] ID | [ ] ME | [ ] ND | [ ] OK | [ ] TX | [ ] WY |
| [ ] AK | [ ] DE | [ ] IL | [ ] MI | [ ] NE | [ ] OR | [ ] UT | [ ] OTHER |
| [ ] AL | [ ] D.C. | [ ] IN | [ ] MN | [ ] NH | [ ] PA | [ ] VA | Please designate below: |
| [ ] AR | [ ] FL | [ ] KS | [ ] MO | [ ] NJ | [ ] PR(T) | [ ] VI (T)  |  |
| [ ] AS (T) | [ ] GA | [ ] KY | [ ] MP (T) | [ ] NM | [ ] RI | [ ] VT |  |
| [ ] AZ | [ ] GU (T) | [ ] LA | [ ] MS | [ ] NV | [ ] SC | [ ] WA |  |
| [ ] CA | [ ] HI | [ ] MA | [ ] MT | [ ] NY | [ ] SD | [ ] WI |  |
| [ ] CO | [ ] IA | [ ] MD | [ ] NC | [ ] OH | [ ] TN | [ ] WV |  |

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| Provide a minimum of three business references:  |
|  | **Name** | **Phone Number** | **E-Mail** | **Relationship** |
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Please respond to the following:

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| Describe your experience in consulting in regulatory solvency monitoring practices over the past five years (e.g., types and size of companies, extent of service performance, etc.). |
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| Describe your use of subcontractors, if any. Please provide detail on when/how subcontractors are used and under what circumstances. Please describe your process to monitor and ensure that qualified subcontractors are selected. |
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| Describe the training policy for your organization. What specific training is offered to your staff? What training is required? How frequently is training completed? |
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| Describe what resources are provided to firm employees to assist them in performing solvency monitoring services and how they are used (e.g., Software Tools/Packages, NAIC Publications, AICPA Audit Risk Alert, etc.). |
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| Describe your organization’s travel policies and preferences (e.g., travel home each weekend, CONUS rates, etc.). |
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| Describe the typical quality review process for your organization. |
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| Which states has your organization provided solvency monitoring services to over the past two years (with a focus on the most recent) and what services were provided (e.g., full exam, limited scope exam, annual/quarterly analysis, IT, actuarial, EIC, staff, etc.)? Provide contact information for the state department representative you worked with. |
| **State** | **Years Services Provided** | **Types of Services Provided** | **Primary Department Contact** | **Phone Number** | **E-Mail** |
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| Please provide the following information for key individuals who regularly lead solvency monitoring services for your firm: |
| **Name** | **Title/Role** | **Years of Exper-ience** | **Employee or Subcontractor** | **Area(s) of Expertise** | **Certifications** | **Location** |
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| Other Comments/Information |
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