



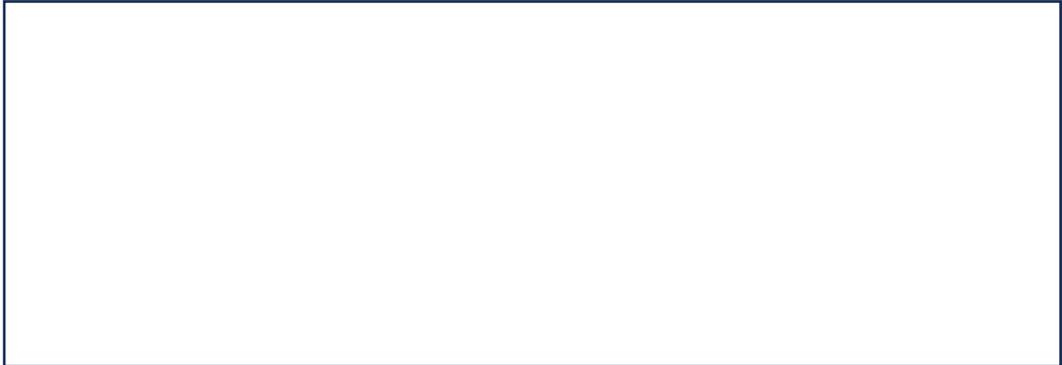
Applicant for Authorization as an Independent Certified Public Accountant for Captive Insurance Business

I, the undersigned, hereby apply for authorization as an independent certified public accountant for the transacting of audits for captive insurance companies.

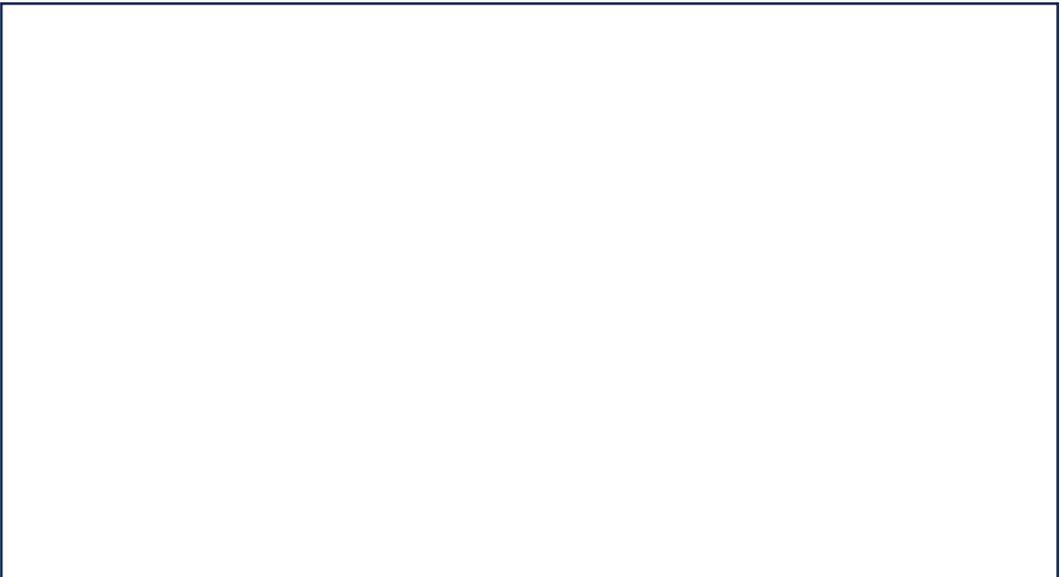
1. Applicant Name: _____
 - a. Email: _____
 - b. Telephone: _____
 - c. Chief Occupation: _____
 - d. Position / Title: _____
 - e. How long in this role: _____
 - a. Firm Name: _____
 - b. Firm Address: _____
 - c. Primary Telephone Number: _____

2. Education:
 - a. College Name: _____
 - 1.) City and State: _____
 - 2.) Dates Attended: _____
 - 3.) Degree Obtained: _____
 - b. Graduate or Professional Name: _____
 - 1.) City and State: _____
 - 2.) Dates Attended: _____
 - 3.) Degree Obtained: _____

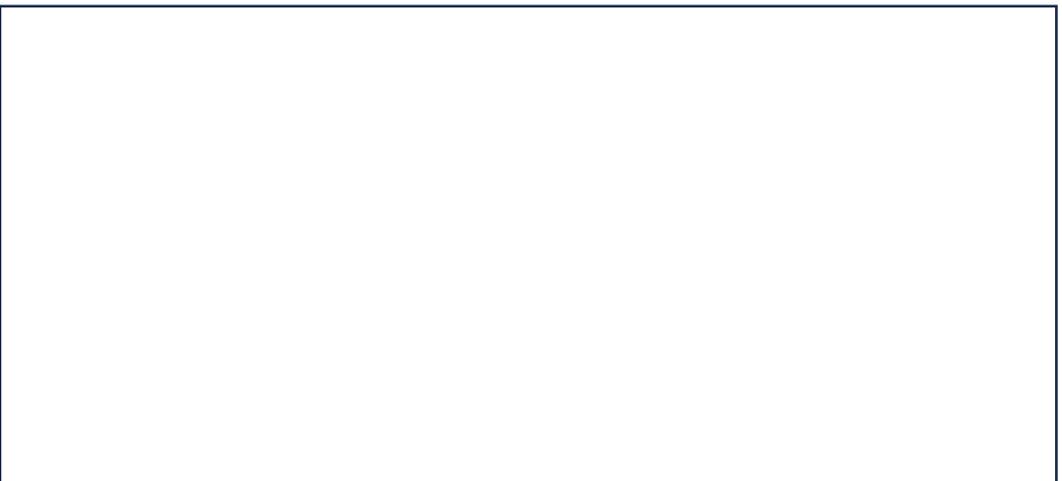
3. List of memberships in professional societies and associations:



4. Specify your insurance and captive auditing experience for the past 15 years. Please include specific dates of your work. You may attach additional sheets as necessary:



5. Please list the captive companies you audit and intend to audit:



6. Are you currently licensed as a CPA? Yes No
a. What state(s): _____
7. Do you currently hold or have held any type of insurance license? Yes No
a. License Type: _____
b. State of Issuance: _____
c. Status of License: _____
8. Do you control, either directly or indirectly, or own legally or beneficially, the outstanding stock of any insurer? Yes No
a. If yes, please provide details: _____
9. Has your CPA license in any state ever been suspended or revoked? Yes No
a. If yes, please explain: _____
10. Have you ever had a license or privilege refused or revoked by an Insurance Department? Yes No
a. If yes, please explain: _____
11. Have you ever been arrested, or indicted for, or convicted of any crime or offense other than a minor traffic violation, such as speeding or a parking ticket?
 Yes No
a. If yes, please explain: _____
12. Do you consent and agree to assign captive accounting functions only to individuals that have a minimum of two years insurance auditing experience? Yes No
13. Do you consent and agree to abide by the requirements of rule 191-113.12(521J) pertaining to the availability and maintenance of work papers? Yes No

In addition to completing this application, please provide copies of your professional licenses as well as a resume or curriculum vitae for you and for all persons assigned auditing work by you.

AFFIANT:

Dated and signed this _____ day of _____, 20____, at

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

Signature of Affiant

Printed Name of Affiant

NOTARY:

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

By _____, and who is personally known to me, or who produced the following identification _____.

[Seal]

Signature of Notary Public

Printed Notary Name

Notary Public authorized by the laws of the State of _____ to administer oaths. My commission expires on _____.