



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
1050 First Street, NE, Suite 801
Washington, DC 20002

**APPLICATION FOR AUTHORIZATION
AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
FOR CAPTIVE INSURANCE BUSINESS**

INDIVIDUALS ONLY MAY APPLY

1. Full Legal Name _____
2. Residence Address _____
3. (a) Date of Birth _____ (b) Social Security Number _____
4. Education and Degree
High School _____
College _____
Graduate or Professional _____

(List all educational institutions attended and addresses on additional sheet, if necessary. Indicate major concentration and actuarial exams completed if not a Fellow.)
5. List all insurance and/or captive auditing experience for past 15 years including specific dates (attach additional sheets as necessary).

6. List the captive account(s) you will be auditing.

7. Present Chief Occupation
Position or Title _____ How Long? _____
Employer's Name _____
Address _____
How long with this employer? _____ Where? _____
8. Has applicant ever been arrested, or indicted for and/or convicted of any crime or offense other than a traffic violation? If "yes", submit full particulars of each case and disposition thereof.

9. I control directly or indirectly, or own legally or beneficially the outstanding stock of the following insurers:

10. Do you currently hold or have you held any type of insurance license? _____

(type) (state) (expiration date)

11. Have you ever had a license or privilege refused or revoked by an Insurance Department? If so, give details.

12. Are you currently licensed as a CPA? If so, please indicate state. _____

13. Has your license as a CPA in this state or any state ever been suspended or revoked? If so, give details.

14. Will you assign only individuals that have a minimum of two years insurance auditing experience?

YES ___ NO ___

I hereby certify that I have read and understand all of the requirements and provisions of the Captive Insurance Company Regulations, and will fully comply therewith.

(NO FEE REQUIRED)

Signed _____

Dated _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

NOTARY SEAL

Notary Public authorized by law of the State of
to administer oaths.

My commission expires on: