

APPLICATION FOR AUTHORIZATION AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR CAPTIVE INSURANCE COMPANIES

INDIVIDUALS ONLY

Applicants shall submit this completed application to: The DC Department of Insurance, Securities and Banking, 1050 First St., NE, Suite 801 Washington, DC 20002, Attn: Risk Finance Bureau or via email to captive.filings@dc.gov.

If necessary, applicants may attach additional pages to answer questions.

1. Full Legal Name _____

2. Residence Address _____

3. (a) Phone Number _____ (b) Email Address _____

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 DC 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 have read and understand all of the requirements and provisions of the Captive Insurance Company Regulations, and will fully comply therewith. I certify under penalty of perjury under the laws of the District of Columbia that the information provided in this application is true and correct.

(NO FEE REQUIRED)

Print Name

Signature

Date