



Submit electronically to: DFR.CaptiveMail@vermont.gov
Or mail to: DFR – Captive Division, 89 Main Street, Montpelier, VT 05620 - 3101

**DEPARTMENT OF FINANCIAL REGULATION
APPLICATION FOR AUTHORIZATION as an
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
for CAPTIVE INSURANCE BUSINESS**

To the Commissioner of the Department of Financial Regulation, Montpelier, Vermont, I hereby apply for authorization as an independent certified public accountant for the transacting of audits for Captive Insurance Companies.

INDIVIDUALS ONLY MAY APPLY

1. Full Legal Name _____
2. Residence Address _____
3. Date of Birth _____
4. Education and Degree:
High School _____
College _____
Graduate or Professional _____
5. List all insurance and/or captive auditing experience for past 15 years including specific dates (attach additional pages as needed).

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

7. Present Chief Occupation _____
 Position or Title _____ How Long? _____
 Employer Name _____
 Mailing Address _____
 E-Mail Address _____
 How long with this employer? _____

8. Has applicant ever been arrested, or indicted for and/or convicted of any crime or offense other than a traffic violation? Yes No
 If "yes", submit full particulars of each case and disposition thereof (attach additional pages as needed). _____

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? Yes No

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? Yes, in the state(s) of: _____ No

13. Has your license as a CPA in this state or any state ever been suspended or revoked?
 Yes No
 If so, give details. _____

14. Will you assign only individuals that have a minimum of two years' insurance auditing experience? Yes No

If no, will the individual be supervised by an experienced CPA? Yes No

15. Has your firm had a peer review? Yes No

If yes, please provide the date(s) of the review(s) _____

Were any significant issues noted in the review(s)? Yes No N/A

If yes, please disclose the issue(s) (attach additional pages as needed.)

I hereby certify that I have read and understand all the requirements and provisions of the Captive Insurance Financial Regulation C-81-2 relating to Captive Insurance Companies, and will fully comply therewith.

(NO FEE REQUIRED) Signed _____

Dated _____

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

Signature of

Notary Public _____

NOTARY SEAL

Notary Public authorized by law of the State of _____

to administer oaths. My commission expires on _____