

**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? \_\_\_\_\_

*(Continued on next page)*

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.)  
\_\_\_\_\_  
\_\_\_\_\_

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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 \_\_\_\_\_