

**APPLICATION FOR AUTHORIZATION
as an INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
for CAPTIVE INSURANCE BUSINESS**

To the Director of Insurance, Financial Institutions and Professional Registration, Jefferson City, Missouri, I hereby apply for authorization as an independent certified public accountant for the transacting of audits for Captive Insurance Companies.

ONLY INDIVIDUALS 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 _____
5. List all insurance and/or captive auditing experience for past 15 years including specific dates (attach additional sheets as necessary.)

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

7. Present Chief Occupation
Position or Title _____
How Long? _____
Employer Name _____
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?
 No Yes (Attach 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?
 No Yes
Type _____ State _____ Expiration Date _____

11. Have you ever had a license or privilege refused or revoked by an Insurance Department?
 No Yes If so, give details: _____

12. Are you currently licensed as a CPA? No Yes, in the state of: _____

13. Has your license as a CPA in this state or any state ever been suspended or revoked?

No Yes 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 Financial Regulation 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 _____.