



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

**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  | HOW LONG WITH THIS EMPLOYER? |                 |
| ADDRESS  |                              |                 |
| BUSINESS TELEPHONE   | BUSINESS E-MAIL              |                 |
| 8. HAS APPLICANT EVER BEEN ARRESTED, OR INDICTED FOR AND/OR CONVICTED OF ANY CRIME OR OFFENSE OTHER THAN A TRAFFIC VIOLATION?<br><input type="checkbox"/> NO <input type="checkbox"/> 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?<br><input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, complete the following:   |                              |                 |
| TYPE   | STATE                        | EXPIRATION DATE |
|  |                              |                 |
|  |                              |                 |
|  |                              |                 |
|  |                              |                 |
| 11. HAVE YOU EVER HAD A LICENSE OR PRIVILEGE REFUSED OR REVOKED BY AN INSURANCE DEPARTMENT?<br><input type="checkbox"/> NO <input type="checkbox"/> YES<br>If so, give details: _____<br>_____   |                              |                 |

12. ARE YOU CURRENTLY LICENSED AS A CPA?  
 NO     YES    If 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?  
 NO     YES

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)

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

**NOTARY**

|   |  |                               |
|---|--|-------------------------------|
| NOTARY PUBLIC EMBOSSEER OR<br>BLACK INK RUBBER STAMP SEAL | STATE  | COUNTY (OR CITY OF ST. LOUIS) |
|   | SUBSCRIBED AND SWORN BEFORE ME, THIS         |                               |
|   | DAY OF                                       | YEAR                          |
|   | NOTARY PUBLIC SIGNATURE                      | MY COMMISSION EXPIRES         |
|   | NOTARY PUBLIC NAME (TYPED OR PRINTED)        |                               |
|   | <b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b> |                               |