

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

To the Commissioner of Insurance, State of Alabama, Montgomery, Alabama, 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 Alabama 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?

| Type  | State | Expiration Date |
|-------|-------|-----------------|
| _____ | _____ | _____           |
| _____ | _____ | _____           |

11. Have you ever had a license or privilege refused or revoked by an Insurance Department? If so, give details.

\_\_\_\_\_  
\_\_\_\_\_

(Attach any additional explanation)

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? If so, give details.

\_\_\_\_\_  
\_\_\_\_\_

(Attach any additional explanation)

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 Alabama Captive Insurers Act 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 \_\_\_\_\_