

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

To the Commissioner of Banking, Insurance, Securities and Health Care Administration, Montpelier, Vermont, 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 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 Captive Insurance Financial Regulation 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 _____