

**APPLICATION FOR AUTHORIZATION
AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
FOR CAPTIVE INSURANCE BUSINESS**

To the Commissioner, Department of Insurance, Commonwealth of Kentucky, 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. (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 addition sheets as necessary).

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

7. Present Chief Occupation _____
Position or Title _____ How Long? _____
Employer's 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? If "yes", submit 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. _____

12. Are you currently licensed as a CPA? If so, please indicate state. _____

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