

Application for Authorization as an Independent Certified Public Accountant for Captive Insurance Companies

Submit completed form to captive.insurance@tn.gov

FIRM INFORMATION

1. Firm Name *

2. Firm Address

Address Line 1 (no PO BOX): *

Address Line 2:

City: *

State: *

Postal Code: *

Country

Phone No.: *

Secondary Phone:

Firm Website: *

3. Is the Firm a member of the TCIA? *

Yes No

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INDIVIDUAL INFORMATION

Each Engagement Partner responsible for an Auditor's Report issued for a Tennessee-domiciled Captive Insurance Company must complete pages 2 through 6.

Attach the following documents and information to this application when submitted.

1. A completed biographical affidavit,
2. A copy of your resume or curriculum vitae,
3. A certified copy of any disciplinary orders issued involving you from any professional organization to which you belong,
4. Copies of all professional licenses you hold, and
5. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned auditing work by you.

1. Name

First Name: *

Last Name: *

Position/Title: *

Employment Period: *

Email Address: *

Phone: *

2. Education and Degrees: Please list those institutions from which you graduated.

College Name: *

City: *

State: *

Degree: *

Field of Study:

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3. Do you have an ACI designation? *

Yes No

4. List your current certified public accountant ("CPA") license information below:

State: *

Issue Date: *

License Number: *

5. Indicate, by specific dates, all insurance and/or captive auditing experience you have for the past 15 years.

Beginning: *

Ending: *

Describe: *

6. List the Captive Account(s) you will be auditing. *

7. Have you ever been arrested, or indicted for and/or convicted of any crime or offense other than a minor traffic violation (e.g. speeding, parking ticket)? *

Yes No

If "Yes," please explain and add attachments as needed:

8. Do you control directly or indirectly, or own legally or beneficially the outstanding stock of any insurer? *

Yes No

If "Yes," please explain and add attachments as needed:

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9. Do you currently hold or have you ever held licenses relating to insurance? *

Yes No

If "Yes," please provide the following information: *

State * Issue Date * Expiration Date Agency * Type * License No./Designation *

10. Have you ever had a license or privilege refused or revoked by any insurance regulatory agency? *

Yes No

If "Yes," please explain and add attachments as needed:

11. Have you ever had a certified public accountant (CPA) license suspended, placed on probation, or revoked? *

Yes No

If "Yes," please explain and add attachments as needed:

12. Will you assign captive auditing functions only to employees or individuals that have a minimum or two years insurance auditing experience? *

Yes No

If "Yes," please explain and add attachments as needed:

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CERTIFICATION

I hereby certify and declare, under penalties of perjury:

1. That I have been authorized by the applicant management firm herein to complete this "Application for Placement on Approved Application for Authorization as an Independent Certified Public Accountant for Captive Insurance Companies"? (Application) and to make this certification and declaration;
2. That the information provided in this Application and the documents attached hereto and included as part of the application have been examined by me and are, to the best of my knowledge, information and belief, true, correct, and complete;
3. That I am aware that should investigation at any time disclose any such misrepresentation or false statement or information, my firm will be disqualified from further consideration for placement on the approved Application for authorization as an independent certified public accountant for captive insurance companies;
4. That I authorize each of the references, associations or licensing or supervising agencies of state, federal or foreign governments to give the Tennessee Department of Commerce & Insurance any private or confidential information concerning the management firm that is applying for approval; and
5. That I release the Tennessee Department of Commerce & Insurance, its employees and authorized agents, or any other state, federal or foreign government agency that receives information requested as part of this application, from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State or laws of a foreign jurisdiction.

Notary:		
Notary Public Embosser or Black Ink Rubber Stamp Seal	State:	County or City:
	Subscribed and sworn Before me. This day of	My commission Expires on:
	Notary Public Signature	Use rubber stamp in clear area below:
	Notary Public Name (Typed or Printed)	

Dated this ____ Day of _____, 20 ____

Printed Name of Officer/Principal * _____

Signature of Officer/Principal * _____