

Certified Public Accountant Application Form 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: *

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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 5.

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

1. A completed [biographical affidavit](https://www.tn.gov/content/dam/tn/commerce/documents/insurance/captive/forms/BiographicalAffidavit.pdf),
https://www.tn.gov/content/dam/tn/commerce/documents/insurance/captive/forms/BiographicalAffidavit.pdf
2. A copy of the applicant's resume or curriculum vitae,
3. A certified copy of any disciplinary orders issued involving the applicant from any professional organization to which the applicant belongs,
4. Copies of all professional licenses and/or designations the applicant holds, and
5. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned auditing work by the applicant.

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. Attach additional pages as needed.

College Name: *

City: *

State: *

Degree: *

Field of Study:

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. List of other current licenses, designations, and/or memberships in professional organizations:

6. Indicate, by specific dates, all insurance and/or captive auditing experience you have for the past 15 years. Attach additional pages as needed.

Beginning: *

Ending: *

Describe: *

7. List the Tennessee captive companies you will be auditing. *

8. Have you ever been arrested, indicted 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.

9. 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.

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

Yes No

If "Yes," please provide the following information and add attachments as needed:

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

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11. 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:

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12. Have you ever had a CPA license suspended, placed on probation, or revoked?

*

Yes No

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

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

Yes No

If "No", please explain and add attachments as needed.

Certified Public Accountant Designation Form for Captive Insurance Companies

CERTIFICATION

I hereby certify and declare, under penalty of perjury, that:

1. I have been authorized by the applicant firm herein to complete this "Certified Public Accountant Designation Form for Captive Insurance Companies" (Designation) and to make this certification and declaration;
2. The information provided in this Designation and the documents attached hereto and included as part of the Designation have been examined by me and are, to the best of my knowledge, information and belief, true, correct, and complete;
3. I am aware that, should investigation at any time disclose any misrepresentation or false statement or information, my firm may be disqualified from further consideration as a certified public accountant for captive insurance companies;
4. 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. I release the Tennessee Department of Commerce and Insurance, its employees and authorized agents, or any other state, federal or foreign government agency that receives information requested as part of this Designation, from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State or laws of a foreign jurisdiction.

Dated this ____ day of _____, 20 ____

Printed Name of Applicant * _____

Signature of Applicant * _____

Notary:		
Notary Public Embosser or Black Ink Rubber Stamp Seal	State:	County:
	Subscribed and sworn before me this ____ day of _____, 20____	My commission expires on:
	Notary Public Signature	Notary Public Name (Printed)