



**STATE OF ARKANSAS
DEPARTMENT OF INSURANCE
FINANCE DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904**

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

To the Commissioner of the Arkansas Insurance Department, 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 additional sheets as necessary).

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

7. Present Chief Occupation _____

Position or Title _____ How Long? _____

Employer Name _____

Mailing Address _____

E-Mail 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? Yes _____ No _____

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? No _____ Yes _____, in the state(s) of: _____

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 Arkansas requirements and provisions relating to Captive Insurance Companies, Ark. Code Ann. §§ 23-63-1601, et seq., and Arkansas Insurance Department Rule 73, 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 _____