



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

**Application for Authorization as an Independent
Certified Public Accountant for a Captive Insurance Company**

To the West Virginia Offices of the Insurance Commissioner, 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) Date of Birth _____
- 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:

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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 Public authorized by law of the State of _____

NOTARY SEAL to administer oaths.

My commission expires on _____

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