



Oklahoma Insurance Department
Financial Division
3625 NW 56th Street, Ste 100
Oklahoma City, OK 73112-4511

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

To the Commissioner of the Oklahoma 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 your current certified public accountant (CPA) license information below. (attach additional pages as necessary)

State	Issue Date	License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List all insurance and/or captive auditing experience for past 15 years including specific dates (attach additional pages as necessary).

7. List the Oklahoma captive accounts(s) you will be auditing.

8. Present Chief Occupation: _____

Position or Title _____ How Long: _____

Employer Name: _____

Mailing Address: _____

E-Mail Address: _____

How long with this employer: _____

9. 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 (attach additional pages as necessary.)

10. I control directly or indirectly, or own legally or beneficially the outstanding stock of the following insurers:

11. Do you currently hold or have held any type of insurance license?

Type	State	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Have you ever had a license or privilege refused or revoked by an Insurance Department? If so, give details.

13. Are you currently licensed as a CPA? Yes _____ No _____

14. Has your license as a CPA in this state or any state ever been suspended or revoked? Yes _____ No _____

If so, give details.

15. 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 Company Act O.S. Title 36 §6470.1 et seq. relating to Captive Insurance Companies 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 _____