



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### Application for Recognition: Captive Insurance Company Independent Certified Public Accountant

#### INDIVIDUAL BIOGRAPHICAL AFFIDAVIT

(Attach additional pages, as necessary.)

1. Full Legal Name: \_\_\_\_\_
2. Residence Address: \_\_\_\_\_
3. Education: (Please list all educational institutions attended and addresses for each, including major concentrations and major subjects.)

Academic Institution, Degrees & Dates Conferred:

College or University: \_\_\_\_\_

Graduate or Professional: \_\_\_\_\_

4. Membership in Professional Societies or Associations:

**QUALIFICATIONS:** In order to be considered for recognition as an independent certified public accountant for a captive insurance company, that is acceptable to the Insurance Commissioner, the candidate must demonstrate and articulate their qualifications. The following section is designed to document and describe the qualifications and experiences that uniquely position the applicant to be determined to be acceptable.

5. Present Occupation:

Position or Title: \_\_\_\_\_ Length of time: \_\_\_\_\_

Firm or Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like to be listed on the  
Connecticut Insurance Department website?  Phone number: \_\_\_\_\_

Time with this firm / employer: \_\_\_\_\_

[www.ct.gov/cid](http://www.ct.gov/cid)

P.O. Box 816 Hartford, CT 06142-0816

An Equal Opportunity Employer

6. Describe relevant Property & Casualty and/or Life & Health insurance company and captive insurance company auditing experience:

7. Additional significant and relevant experience, positions, or titles held:

8. Describe your CPA firm in terms of its history, business size, portfolio of clients, lines of business:

9. In order to be recognized as an independent certified public accountant for a captive insurance company that is acceptable to the Insurance Commissioner, the candidate must be credentialed. Please check the applicable box(es) relating to your qualification(s).

I am currently a licensed certified public accountant (CPA) in the State of \_\_\_\_\_ . Include a copy of certificate.

YES       NO

Have you ever been subject to a regulatory reprimand or disciplinary action, refused admission or approval or lost any license as a result of professional activities? If "yes". Please explain.

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10.  YES       NO

Will you assign only individuals that have a minimum of two years auditing experience to audit engagements?

YES       NO

Have you 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.

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

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12. Insurance Licenses held, or ever held:

Type:

State:

Expiration Date:

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13. List the current captive insurance programs that you have experience with and indicate which Connecticut captive program(s) you intend to be auditing:

14. Please provide two (2) professional references, with appropriate contact information:

15. Attach a complete resume or CV.

I hereby certify that my responses to the above are true and complete, and I have read and understand the requirements and provisions of the General Statutes of Connecticut, Chapter 698, §38a - 91 et seq., pertaining to captive insurers, and will fully comply with the laws and regulations of the State of Connecticut.

(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 the law of the State of \_\_\_\_\_

to administer oaths. My commission expires on \_\_\_\_\_