



Oklahoma Insurance Department  
Financial Regulation  
400 NE 50<sup>th</sup> St.  
Oklahoma City, OK 73105

**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)

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?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Have you ever had a license or privilege refused or revoked by an Insurance Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, 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 yes, 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 \_\_\_\_\_