



**STATE OF ARKANSAS  
DEPARTMENT OF INSURANCE  
FINANCE DIVISION  
1 Commerce Way, Suite 505  
Little Rock, AR 72202-2087**

**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 \_\_\_\_\_