

Certified Public Accountant Designation Form for Captive Insurance Companies

Submit completed form to captive.insurance@tn.gov

FIRM INFORMATION

1. Firm Name *

2. Firm Address

Address Line 1 (no PO BOX): *

Address Line 2:

City: *

State: *

Postal Code: *

Country

Phone No.: *

Secondary Phone:

Firm Website: *

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INDIVIDUAL INFORMATION

Each Engagement Partner responsible for an Auditor's Report issued for a Tennessee-domiciled Captive Insurance Company must complete pages 2 through 6.

Attach the following documents and information to this application when submitted.

1. A completed biographical affidavit,
2. A copy of your resume or curriculum vitae,
3. A certified copy of any disciplinary orders issued involving you from any professional organization to which you belong,
4. Copies of all professional licenses you hold, and
5. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned auditing work by you.

1. Name

First Name: *

Last Name: *

Position/Title: *

Employment Period: *

Email Address: *

Phone: *

2. Education and Degrees: Please list those institutions from which you graduated.

College Name: *

City: *

State: *

Degree: *

Field of Study:

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3. Do you have an ACI designation? *

Yes No

4. List your current certified public accountant ("CPA") license information below:

State: * Issue Date: * License Number: *

5. Indicate, by specific dates, all insurance and/or captive auditing experience you have for the past 15 years.

Beginning: * Ending: *

Describe: *

6. List the Captive Account(s) you will be auditing. *

7. Have you ever been arrested, or indicted for and/or convicted of any crime or offense other than a minor traffic violation (e.g. speeding, parking ticket)? *

Yes No

If "Yes," please explain and add attachments as needed:

8. Do you control directly or indirectly, or own legally or beneficially the outstanding stock of any insurer? *

Yes No

If "Yes," please explain and add attachments as needed:

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9. Do you currently hold or have you ever held licenses relating to insurance? *

Yes No

If "Yes," please provide the following information: *

State * Issue Date * Expiration Date Agency * Type * License No./Designation *

10. Have you ever had a license or privilege refused or revoked by any insurance regulatory agency? *

Yes No

If "Yes," please explain and add attachments as needed:

11. Have you ever had a certified public accountant (CPA) license suspended, placed on probation, or revoked? *

Yes No

If "Yes," please explain and add attachments as needed:

12. Will you assign captive auditing functions only to employees or individuals that have a minimum or two years insurance auditing experience? *

Yes No

If "Yes," please explain and add attachments as needed:

