### **Certified Public Accountant Designation Form** for Captive Insurance Companies Submit completed form to <a href="mailto:captive.insurance@tn.gov">captive.insurance@tn.gov</a>

### **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: *                            |                  |                |

## **Certified Public Accountant Designation Form for Captive Insurance Companies**

#### 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: *                               |
| _  | Education and Danuary Black these |  |
| 2. | College Name: *                   | institutions from which you graduated. |
| 2. | _                                 | State: *                               |
| 2. | College Name: *                   |  |

# **Certified Public Accountant Designation Form for Captive Insurance Companies**

| 3.   | Do you have an ACI designation? *  Yes No   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| 4.   | List your current certified public accountant ("CPA") license information below:  State: * 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. *   |  |  |  |  |  |  |  |
| <ul> <li>7. Have you ever been arrested, or indicted for and/or convicted of any crime offense other than a minor traffic violation (e.g. speeding, parking ticket)?</li> <li>Yes  No</li> </ul> |   |  |  |  |  |  |  |  |
|  | 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:   |  |  |  |  |  |  |  |

# **Certified Public Accountant Designation Form for Captive Insurance Companies**

| 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:   |  |  |  |  |  |

### Certified Public Accountant Designation Form for Captive Insurance Companies

#### **CERTIFICATION**

I hereby certify and declare, under penalties of perjury:

Dated this \_\_\_\_\_ , 20 \_\_\_\_\_

- 1. That I have been authorized by the applicant management firm herein to complete this "Certified Public Accountant Designation Form for Captive Insurance Companies" (Designation) and to make this certification and declaration;
- 2. That the information provided in this Designation and the documents attached hereto and included as part of the Designation have been examined by me and are, to the best of my knowledge, information and belief, true, correct, and complete;
- 3. That I am aware that should investigation at any time disclose any such misrepresentation or false statement or information, my firm will be disqualified from further consideration as a certified public accountant for captive insurance companies;
- 4. That I authorize each of the references, associations or licensing or supervising agencies of state, federal or foreign governments to give the Tennessee Department of Commerce & Insurance any private or confidential information concerning the management firm that is applying for approval; and
- 5. That I release the Tennessee Department of Commerce & Insurance, its employees and authorized agents, or any other state, federal or foreign government agency that receives information requested as part of this Designation, from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State or laws of a foreign jurisdiction.

| Printed Name of Officer/Principal                        | *        |                  |          |      |                              |  |  |  |
|--|----------|------------------|----------|------|------------------------------|--|--|--|
| Signature of Officer/Principal *                         |          |                  |          |      |                              |  |  |  |
| Notary:  |          |                  |          |      |                              |  |  |  |
| Notary Public Embosser or Black<br>Ink Rubber Stamp Seal | State:   | State:           |          |      | County:                      |  |  |  |
|  | Subscri  | bed and sworn b  | efore me | , 20 | My commission Expires on:    |  |  |  |
|  | Notary 1 | Public Signature |          |      | Notary Public Name (Printed) |  |  |  |