

**NEW JERSEY APPLICATION FOR AUTHORIZATION
AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
FOR CAPTIVE INSURANCE BUSINESS**

INDIVIDUAL PARTNERSHIP CORPORATION OTHER

IF APPLICANT IS A COMPANY, FILL IN NAME HERE, THEN CONTINUE ON THE NEXT PAGE

IF APPLICANT IS AN INDIVIDUAL:

1. Full Legal Name _____
2. Residence Address _____
3. (A) Office Phone Number _____ (b) Email Address _____
4. Education and Degree
High School _____
College _____
Graduate or Professional _____
5. List all insurance and/or captive auditing experience for the past 15 years including specific dates (attach additional sheets if necessary.)

6. List the captive account(s) you will be auditing.

7. Present Chief Occupation

Position or Title _____ How long in this position? _____
Employer's Name _____
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? If "yes", please submit full particulars of each case and disposition thereof.

Yes No

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? ____ If so, please indicate state. _____

13. Has your license as a CPA in this state or any state ever been suspended or revoked? _____ If so, attach details.

IF APPLICANT IS OTHER THAN AN INDIVIDUAL:

14. Name of Firm: _____

15. Business address: _____

Federal ID No: _____ Telephone No: _____

16. Names of Partners responsible for Captive Audits: _____

17. Indicate insurance experience of partner, manager, supervisor, or individual(s) responsible for auditing of captive (attach additional sheets if needed):

18. Will you assign only individuals that have a minimum of two years insurance auditing experience?

Yes No

*19. The Department may publish my contact information on its website.

Yes No

Please include [BIOGRAPHY AFFIDAVIT\(S\)](#) for Individual or Individuals responsible for Audits

I hereby certify that I have read and understand all of the requirements and provisions of the Captive Insurance Company Regulations, and will fully comply therewith.

Signed _____ Dated _____

Subscribed and sworn to before me this _____ day of _____ 20 ____

Signature of Notary Public _____

Notary Public authorized by law of the State of _____ to administer oaths.

My commission expires on: _____

NOTARY SEAL

Note: Unless otherwise indicated, once approved, your contact information will be published on the Department's Captive Insurance Website.