



Department of Consumer and Business Services

Insurance Division — 4

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insurance.oregon.gov

**Application for Authorization
as an Independent Certified
Public Accountant for Captive**

GENERAL APPLICANT INFORMATION SECTION

I, the undersigned, hereby apply for authorization as an independent certified public accountant to transact audits of captive insurance companies formed under Oregon Laws 2012, Chapter 84.

Is this application for an individual or a firm? Individual Firm

1a. Name of firm: _____

1b. Name of firm partner making application: _____

1c. Full legal name: _____
First name Middle name Last name Suffix (Jr., Sr., etc.)

2. Firm address:

Street address: _____

City: _____ State: _____ ZIP: _____

Country (other than USA/Canada): _____ Province (if Canada): _____

Contact person: _____
First name Last name

Phone: () - Ext.: E-mail:

3. Education and degree: List the institutions from which you graduated.

Institution type: _____ Institution name: _____

City: _____ State: _____

Degree: _____ Field of study: _____

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

State: _____ Issue date: / / License number: _____

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

Length of time: begin _____ end _____

Describe experience: _____

6. List the captive accounts you will be auditing:

7. Indicate your present chief occupation:

Position title: _____ Employment period: from / to /

Street address: _____

City: _____ State: _____ ZIP: _____

Country (other than USA/Canada): _____ Province (if Canada): _____

Present position: _____ Date assumed: _____

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

Yes No If yes, please explain:

9. Do you control directly or indirectly, or own legally or beneficially, the outstanding stock of any insurers?

Yes No If yes, please explain:

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

Yes No If yes, please provide the license information below:

State: _____ Issue date: _____ Expiration date: _____

Agency: _____ Type: _____ License number: _____

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

Yes No If yes, please explain:

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

Yes No If yes, please explain:

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

Yes No If no, please explain:

ATTACHMENTS AND EXHIBITS SECTION

Please attach the following documents an information to this application when submitted:

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

CERTIFICATION

I hereby certify and declare, under penalties of perjury:

- 1. That I have been authorized by the applicant management firm herein to complete this “Application for Authorization as an Independent Certified Public Accountant for Captive Insurers” (Application) and to make this certification and declaration;
- 2. That the information provided in this Application and the documents attached hereto and included as part of the application 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 for placement on the approved captive insurer management firm list;
- 4. That I authorize each of the references, associations, or licensing or supervising agencies of state, federal, or foreign governments to give the Oregon Insurance Division any private or confidential information concerning the management firm that is applying for approval; and
- 5. That I release the Oregon Insurance Division, its employees and authorized agents, or any other state, federal, or foreign government agency that receives information requested as part of this application, from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable state or laws of a foreign jurisdiction. By typing my name in the indicated fields, I am agreeing to conduct business electronically with the State of Oregon in accordance with the federal Electronic Signatures in Global and National Commerce Act (E-Sign), 15 U.S.C.A. §§ 7001-7031 (Supp. 2001) and Oregon’s Uniform Electronic Transactions Act, ORS 84.001 TO 84.061. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

Dated this _____ day of _____, 20____ _____
(Printed name of officer/principal)

(Signature of officer/principal)