



Monica J. Lindeen
Commissioner of Securities & Insurance
Montana State Auditor
840 Helena Ave
Helena, MT 59601

Phone: 406.444.2040
800.332.6148
Fax: 406.444.3497
www.csi.mt.gov

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

To the Montana State Auditor and Commissioner of Insurance, I hereby apply for authorization as an independent certified public accountant for the transacting of audits of 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 the past 15 years including specific dates (attach additional sheets as necessary.)

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

7. Present Chief Occupation: _____
Position or Title: _____ How Long: _____

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", 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)

(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 licensed as a CPA? If so, please indicate where: _____

13. Has your license as a CPA in 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 requirements and provisions of the Administrative Rules of Montana relating to Captive Insurance Companies, and will fully comply with them.

Signed _____

Dated _____

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

Signature of Notary Public _____

Notary Public for the state of _____

Residing at _____

My Commission Expires _____