



South Carolina Department of Insurance

NIKKI R. HALEY
Governor

RAYMOND G. FARMER
Director of Insurance

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

ONLY INDIVIDUALS MAY APPLY

TO: Captive Insurance Division
South Carolina Department of Insurance
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

E mail: captivemail@doi.sc.gov
Phone: +1 803.737.6227

SECTION ONE: GENERAL APPLICANT INFORMATION

I, the undersigned, hereby apply for authorization as an independent certified public accountant for the transacting of audits for captive insurance companies.

1. **Name of Applicant** _____

2. **Email Address for Applicant** _____

3. **Firm Name** _____

4. **Firm Address** _____

5. **Telephone Number** _____

6. **Education and Degree**

College _____

Graduate or Professional _____

7. **Member of Professional Societies or Associations (List)** _____

8. **List all insurance and/or captive auditing experience for the past 15 years – including specific dates. (Attach additional sheets if necessary).**

9. **List the captive account(s) you will be auditing:**

8. **Present Chief Occupation**

Position / Title _____ How Long in this position? _____

Employer's Name _____

E mployer's Address _____

How long with this employer? _____

9. Has applicant ever been arrested, or indicted for and/or convicted of any crime or offense other than a minor traffic violation (i.e.: speeding or parking ticket)?

Yes **No**

If "yes", please submit full and detailed explanation and the disposition thereof.

10. Do you control, either directly or indirectly, or own legally or beneficially, the outstanding stock of any Insurer? **Yes** **No** If **Yes**, please provide details.

11. Do you currently hold or have you held any type of insurance license? **Yes** **No**
If "Yes", please provide detail on a separate sheet of paper – including: License Type, State of Issue, and its current Status. [If active, please include expiration date]

11a. Have you ever had a license or privilege refused or revoked by an Insurance Department?
 Yes **No** If **Yes**, please provide details.

12. Are you currently licensed as a CPA? **Yes** **No**
What state(s): _____

13. Has your license as a CPA in any state ever been suspended or revoked? **Yes** **No**
If "Yes", please provide details.

14. Are you currently registered with SC LLR to practice within SC, pursuant to the requirements of SC 40-2-250 and Reg. 1-10 of the SC Code of Laws? **Yes** **No**

If **no**, please ensure that a copy of the "Out of State Firm Registration" (Form 5101) and/or "Practice Privileges Registration" (Form 5100) have been completed and submitted to LLR, with a copy to the DOI.

15. Will you assign captive accounting functions only to individuals that have a minimum of two years insurance auditing experience? **Yes** **No**

SECTION TWO: ATTACHMENTS AND EXHIBITS

Please attach the following documents to this application as exhibits:

1. Your resume or curriculum vitae;
2. Certified copies of any disciplinary orders issued against you by any professional organization to which you belong. **NOTE:** If there have been none, please provide written confirmation of such;
3. Copies of all professional licenses that you hold;
4. If you are not licensed in South Carolina according to the Code of Laws of SC section 40-2-35 you must provide evidence your firm is registered in SC and you qualify per code section 40-2-245;
5. Copies of all the resumes and/or curriculum vitae of all persons who would be employed or assigned auditing work by you; and
6. Any other additional information deemed necessary to evaluate your qualifications to serve as an independent accountant by the Director or her designee.

SECTION THREE: CERTIFICATION

I hereby certify that my responses to the above are true, correct and complete to the best of my information, knowledge and belief. I have read and understand all the requirements and provisions of 2000 S.C. Act No 331.

(No Fee Required)

Signed _____

Dated _____

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

Signature of Notary Public _____

NOTARY SEAL Notary Public authorized by law of the State of _____

to administer oaths. My commission expires on _____