



**South Carolina Department of Insurance
Captive Insurance Division**

1201 Main Street, Suite 1000
Columbia, SC 29201
E-Mail: captivemail@doi.sc.gov

Henry McMaster
Governor

Michael Wise
Director

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

ONLY INDIVIDUALS MAY APPLY

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:

10. Present Chief Occupation

Position / Title _____ How Long in this position? _____

Employer's Name _____

Employer's Address _____

How long with this employer? _____

11. 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.

12. 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.

13. 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]

13a. Have you ever had a license or privilege refused or revoked by an Insurance Department?

Yes **No** If **Yes**, please provide details.

14. Are you currently licensed as a CPA? **Yes** **No**

What state(s): _____

15. Has your license as a CPA in any state ever been suspended or revoked? **Yes** **No**

If "Yes", please provide details.

16. 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.

17. 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:

- Your resume or curriculum vitae;
- 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;
- Copies of all professional licenses that you hold;
- 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;
- Copies of all the resumes and/or curriculum vitae of all persons who would be employed or assigned auditing work by you; and
- 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 _____