



**Monica J. Lindeen**  
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## **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 \_\_\_\_\_