

State of Delaware



Department of Insurance

Bureau of Captive and Financial Insurance Products

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

INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER ☐

IF APPLICANT IS A COMPANY, FILL IN NAME HERE, THEN CONTINUE ON THE NEXT PAGE

\_\_\_\_\_

IF APPLICANT IS AN INDIVIDUAL:

1. Full Legal Name \_\_\_\_\_
2. Residence Address \_\_\_\_\_
3. (a) Contact Phone Number \_\_\_\_\_ (b) Email Address \_\_\_\_\_
4. Education and Degree  
High School \_\_\_\_\_  
College, Major \_\_\_\_\_  
Graduate or Professional \_\_\_\_\_  
**(List all educational institutions completed and list major concentration:  
provide on additional sheet, if necessary.)**
5. List all insurance and/or captive auditing experience for 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 in this position? \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Business 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", please 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:

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10. Do you currently hold or have you held any type of insurance license?

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(type) (state) (expiration date)

11. Have you ever had a license or privilege refused or revoked by an insurance department? If yes, give details.

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12. Are you currently licensed as a CPA? If yes, please indicate state.

13. Has your License as a CPA in this state or any state ever been suspended or revoked? \_\_\_\_ If yes, attach details.

**IF APPLICANT IS OTHER THAN AN INDIVIDUAL:**

14. Name of Firm:

15. Business address:

FEIN Number: Telephone Number:

16. Names of Partners responsible for Captive Audits:

17. Indicate insurance experience of partner, manager, supervisor, or individual(s) responsible for auditing of captive (attach additional sheet if needed):

18. Will you assign only individuals who have a minimum of two years insurance auditing experience?  
YES ☐ NO ☐

**\*Please include BIOGRAPHICAL AFFIDAVIT(S) for  
Partners and Managers responsible for Audits\***

I hereby certify that I have read and understand all of the requirements and provisions of the Captive Insurance Company Regulations and will fully comply therewith.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Signature of Notary Public \_\_\_\_\_

Notary Public authorized by law of the State of \_\_\_\_\_ to administer oaths.

My commission expires on: \_\_\_\_\_

**NOTARY SEAL**

**Clear Form**

**Print Form**

**Save Form**

Note: Unless otherwise indicated, once approved, your contact information will be published on the Department's Captive Insurance Website.