

**NEW JERSEY 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

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IF APPLICANT IS AN INDIVIDUAL:

1. Full Legal Name \_\_\_\_\_

2. Residence Address \_\_\_\_\_

3. (A) Office Phone Number \_\_\_\_\_ (b) Email Address \_\_\_\_\_

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 if 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 \_\_\_\_\_

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.

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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 so, give details.

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12. Are you currently licensed as a CPA? \_\_\_\_ If so, please indicate state. \_\_\_\_\_

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

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

14. Name of Firm: \_\_\_\_\_

15. Business address: \_\_\_\_\_

Federal ID No: \_\_\_\_\_ Telephone No: \_\_\_\_\_

16. Names of Partners responsible for Captive Audits: \_\_\_\_\_

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

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18. Will you assign only individuals that have a minimum of two years insurance auditing experience?

YES  NO

\*19. The Department may publish my contact information on its website.

Yes  No

\*\*\*Please include [BIOGRAPHICAL AFFIDAVIT\(S\)](#) for Individual or Individuals 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**

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