

**COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE**

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

To the Commissioner of Insurance of the Commonwealth of Puerto Rico: I hereby apply for authorization as an independent certified public accountant for the transacting of audits for International Insurers and Reinsurers authorized to transact insurance business pursuant to Chapter 61 of the Puerto Rico Insurance Code.

1. Full Legal Name: _____

2. Business Address: _____

3. Date of Birth: _____ Social Security Number: ____-____-_____

4. Education and Degrees Earned (please specify dates of completion):

High School: _____

College: _____

Graduate or Professional: _____

5. List all insurance auditing experience for the past 15 years including specific dates and lines of insurance (attach additional sheets if necessary):

6. Present Chief Occupation: _____

Position or Title: _____

How long have you held this Title? _____

Employer's Name: _____

Employer's Address: _____

How long have you been employed by this Employer? _____

7. Have you ever been arrested, or indicted for and/or convicted of any crime or offense other than a traffic violation?

No ____ Yes ____, If yes, please explain in detail in a separate sheet.

8. Do you control, directly or indirectly, or own legally or beneficially the outstanding stock of any insurer?

No ____ Yes ____. If yes, please provide the name(s) of the insurer(s), the type of outstanding stocks, the number of shares of stock owned, and the par value of these shares: _____

10. Do you currently hold or have you ever held any type of insurance license? No ____ Yes ____, if yes, please provide the following information:

<u>Type</u>	<u>State</u>	<u>Date Issued & Expiration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Have you ever had a license or privilege refused or revoked by an Insurance Department in any jurisdiction? If so, please provide details.

12. Are you currently licensed as a Certified Public Accountant (CPA)?

a. No ____ Yes ____, if yes, please indicate the jurisdiction issuing the license: _____.

b. Are you a member in goodstanding of the "Colegio de Contadores Públicos de Puerto Rico"? No ____ Yes ____

13. Has your license as a CPA in this jurisdiction or any other jurisdiction ever been suspended or revoked?

No ____ Yes ____, If yes, please provide details.

14. Will you assign only individuals that have a minimum of two years insurance auditing experience to audit the International Insurer(s)?

No ____ Yes ____

CERTIFICATION

I hereby certify that I have read and understand all of the requirements and provisions of Chapter 61 of the Puerto Rico Insurance Code as they pertain to International Insurers and Reinsurers, and will fully comply therewith.

Name: _____ Date: _____

Signature: _____

Affidavit No. _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

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

NOTARY PUBLIC