



Applicant Name \_\_\_\_\_

FEIN: \_\_\_\_\_

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

8. Present or proposed position with the applicant entity. \_\_\_\_\_

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending  
 Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers'Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
 Fax \_\_\_\_\_ Supervisor / Contact \_\_\_\_\_

Beginning/Ending  
 Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers'Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
 Fax \_\_\_\_\_ Supervisor / Contact \_\_\_\_\_

Beginning/Ending  
 Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers'Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
 Fax \_\_\_\_\_ Supervisor / Contact \_\_\_\_\_

Beginning/Ending  
 Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers'Name \_\_\_\_\_

Applicant Name \_\_\_\_\_ FEIN: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
Fax \_\_\_\_\_ Supervisor / Contact \_\_\_\_\_

10. a. Have you ever been in a position which required a fidelity bond? \_\_\_\_ If any claims were made on the bond, give details. \_\_\_\_\_  
\_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. \_\_\_\_\_  
\_\_\_\_\_

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

Organization /Issuer of License \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
\_\_\_\_\_

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
\_\_\_\_\_

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? \_\_\_\_\_  
\_\_\_\_\_

Applicant Name \_\_\_\_\_

FEIN: \_\_\_\_\_

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? \_\_\_\_\_
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? \_\_\_\_\_
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? \_\_\_\_\_
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? \_\_\_\_\_
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? \_\_\_\_\_
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? \_\_\_\_\_
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? \_\_\_\_\_

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

\_\_\_\_\_

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

\_\_\_\_\_

\_\_\_\_\_

If any of the shares or stock are pledged or hypothecated in any way, give details.

Applicant Name \_\_\_\_\_

FEIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been adjudged a bankrupt? \_\_\_\_\_

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? \_\_\_\_\_

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? \_\_\_\_\_

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? \_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_ day of \_\_\_\_\_ at \_\_\_\_\_ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

Date: \_\_\_\_\_

This document was executed and signed in the presence of the following witnesses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By

\_\_\_\_\_, and:

\_\_\_\_\_ who is personally known to me, or

\_\_\_\_\_ who produced the following identification:

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

My commission Expires: \_\_\_\_\_

Applicant Name \_\_\_\_\_

FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. a. Affiant's Full Name (Initials Not Acceptable). \_\_\_\_\_  
     b. Maiden Name (if applicable) \_\_\_\_\_
2. Affiant's Social Security Number \_\_\_\_\_
3. Government Identification Number if not a U.S. Citizen \_\_\_\_\_
4. Foreign Student ID# (if applicable) \_\_\_\_\_
5. Date of Birth: (MM/DD/YY) \_\_\_\_\_ Place of Birth: City \_\_\_\_\_  
     State/Province \_\_\_\_\_ Country \_\_\_\_\_
6. Name of Affiant's Spouse (if applicable) \_\_\_\_\_
7. List your residences for the last ten (10) years starting with your current address, giving:

**Beginning/Ending**

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
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Applicant Name \_\_\_\_\_

FEIN: \_\_\_\_\_

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

Date: \_\_\_\_\_

This document was executed and signed in the presence of the following witnesses:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By

\_\_\_\_\_, and:

\_\_\_\_\_ who is personally known to me, or

\_\_\_\_\_ who produced the following identification:

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

My commission Expires: \_\_\_\_\_

Applicant Name \_\_\_\_\_

FEIN: \_\_\_\_\_

**AUTHORITY FOR RELEASE OF INFORMATION**

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the department of insurance by the Third Party Vendor and its suppliers or information sources (Vendor) shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, **name**, presently residing at **residence address** am affiliated with or proposed to be affiliated with **Company Name** which is applying for licensure or a permit to organize with the department of insurance.

I understand that the department of insurance, the Vendor, or both will conduct an investigation of my background. Such an investigation may require that a consumer report and/or investigative consumer report be performed as such terms are defined under the federal Fair Credit Reporting Act, may be made, in which information is obtained through public record sources, credit reporting databases, etc. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry and grant my permission for the release of such information needed by the vendors. I hereby agree that the department of insurance, the Vendor, and/or their suppliers or information sources, including, but not limited to, any court, law enforcement agency, employer, firm, or person may disclose, obtain, hold and/or transfer data among themselves that they have concerning me which is necessary for the purpose of this investigation and waive any provisions of law which forbid the disclosure of such information.

I grant consent to any person or entity which has any records or information concerning me to provide such records or information to the department of insurance, its representatives or the vendor. The authorization to courts and law enforcement agencies is inapplicable to records that have been expunged in accordance with law.

I recognize the right of the department of insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate.*

I agree to release the department of insurance, the Vendor and their suppliers/sources from all claims related to the background investigation, and the accuracy or completeness of the information provided to the department of insurance in connection with the background investigation.

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

This document was executed and signed in the presence of the following witnesses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By

\_\_\_\_\_, and:  
\_\_\_\_\_ who is personally known to me, or  
\_\_\_\_\_ who produced the following identification:

[SEAL]

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Printed Notary Name  
My commission Expires: \_\_\_\_\_