

BIOGRAPHICAL AFFIDAVIT

(Please type or print legibly)

COMPANY FULL NAME

COMPANY ADDRESS

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth.

(Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)

1. a. AFFIANT'S FULL NAME (Initials are not accepted) | 1. b. PRESENT OR PROPOSED POSITION WITH COMPANY

2. a. HAVE YOU EVER HAD A NAME CHANGE? IF YES, GIVE THE REASON FOR THE CHANGE

2. b. LIST NAME(S) PREVIOUSLY USED, IF ANSWERED YES TO QUESTION 2. a.

3. SOCIAL SECURITY NUMBER

4. a. DATE OF BIRTH

4. b. PLACE OF BIRTH

5. CONTACT INFORMATION

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL ADDRESS:

6. a. HOME ADDRESS

6. b. LIST OF PREVIOUS ADDRESS(ES) FOR THE LAST TEN (10) YEARS

ADDRESS (STREET, CITY, STATE)

DATE(S) RESIDED

ADDRESS (STREET, CITY, STATE)	DATE(S) RESIDED

7. EDUCATION

7. a. NAME AND LOCATION OF HIGH SCHOOL ATTENDED

DATE OF GRADUATION

7. b. NAME AND LOCATION OF COLLEGE
OR UNIVERSITY

DATES ATTENDED
FROM TO

DEGREE CONFERRED
DATE TYPE

MAJOR &/OR MINOR

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		DEGREE CONFERRED		MAJOR &/OR MINOR
	FROM	TO	DATE	TYPE	

8. LIST ANY MEMBERSHIPS IN PROFESSIONAL SOCIETIES AND ASSOCIATIONS

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9. GIVE A COMPLETE CHRONOLOGICAL RECORD OF YOUR OCCUPATION FOR THE LAST TWENTY (20) YEARS UP TO AND INCLUDING DATE OF FILING THIS APPLICATION

NAME & ADDRESS OF EMPLOYER	JOB TITLE	TYPE OF WORK	DATE OF EMPLOYMENT	

10. PRESENT AND/OR FORMER EMPLOYER MAY BE CONTACTED YES NO

11. LIST ANY PROFESSIONAL, OCCUPATIONAL AND VOCATIONAL LICENSES ISSUED BY ANY PUBLIC OR GOVERNMENT LICENSING AGENCY OR REGULATORY AUTHORITY WHICH YOU PRESENTLY HOLD OR HAVE HELD IN THE PAST

LICENSE	ISSUER OF LICENSE	DATE ISSUED	DATE TERMINATED	REASON FOR TERMINATION

12. a. DURING THE LAST TEN (10) YEARS, HAVE YOU EVER BEEN REFUSED A PROFESSIONAL, OCCUPATIONAL OR VOCATIONAL LICENSE BY ANY PUBLIC OR GOVERNMENTAL LICENSING AGENCY OR REGULATORY AUTHORITY, OR HAS ANY SUCH LICENSE HELD BY YOU EVER BEEN SUSPENDED OR REVOKED? IF YES, GIVE DETAILS.

13. a. HAVE YOU EVER BEEN IN A POSITION WHICH REQUIRED A FIDELITY BOND? YES NO
IF ANY CLAIMS WERE MADE ON THE BOND, GIVE DETAILS.

13. b. HAVE YOU EVER BEEN DENIED AN INDIVIDUAL OR POSITION SCHEDULE FIDELITY BOND, OR HAD A BOND CANCELED OR REVOKED? IF YES, GIVE DETAILS.

14. LIST ANY INSURERS IN WHICH YOU CONTROL DIRECTLY OR INDIRECTLY OR OWN LEGALLY OR BENEFICIALLY TEN PERCENT (10%) OR MORE OF THE OUTSTANDING STOCK (IN VOTING POWER). IF ANY OF THE STOCK IS PLEDGED OR HYPOTHECATED IN ANY WAY, GIVE DETAILS.

15. WILL YOU OR MEMBERS OF YOUR IMMEDIATE FAMILY SUBSCRIBE TO OR OWN, BENEFICIALLY OR OF RECORD, SHARES OF STOCK OF THE APPLICANT INSURANCE COMPANY OR ITS AFFILIATES? YES NO
IF ANY OF THE SHARES OR STOCK ARE PLEDGED OR HYPOTHECATED IN ANY WAY, GIVE DETAILS.

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YES	NO	
		16. HAVE YOU EVER BEEN ADJUDGED A BANKRUPT?
		17. HAVE YOU EVER BEEN CONVICTED OR HAD A SENTENCE IMPOSED OR SUSPENDED OR HAD PRONOUNCEMENT OF A SENTENCE SUSPENDED OR BEEN PARDONED FOR CONVICTION OF OR PLEADED GUILTY OR NOLO CONTENDERE TO AN INFORMATION OR INDICTMENT CHARGING ANY FELONY, OR CHARGING A MISDEMEANOR INVOLVING EMBEZZLEMENT, THEFT, LARCENY, OR MAIL FRAUD, OR CHARGING A VIOLATION OF ANY CORPORATE SECURITIES STATUTE OR ANY INSURANCE LAW, OR HAVE YOU BEEN SUBJECT OF ANY DISCIPLINARY PROCEEDINGS OF ANY FEDERAL OR STATE REGULATORY AGENCY?
		18. b. HAS ANY COMPANY BEEN SO CHARGED, ALLEGEDLY AS A RESULT OF ANY ACTION OR CONDUCT ON YOUR PART?
		19. HAVE YOU EVER BEEN AN OFFICER, DIRECTOR, TRUSTEE, INVESTMENT COMMITTEE MEMBER, KEY EMPLOYEE, OR CONTROLLING STOCKHOLDER OF ANY INSURER WHICH, WHILE YOU OCCUPIED ANY SUCH POSITION OR CAPACITY WITH RESPECT TO IT, BECAME INSOLVENT OR WAS PLACED UNDER SUPERVISION OR IN RECEIVERSHIP, REHABILITATION OR CONSERVATORSHIP?
		20. HAS THE CERTIFICATE OF AUTHORITY OR LICENSE TO DO BUSINESS OF ANY INSURANCE COMPANY OF WHICH YOU WERE AN OFFICER OR DIRECTOR OR KEY MANAGEMENT PERSON EVER BEEN SUSPENDED OR REVOKED WHILE YOU OCCUPIED SUCH POSITION?

IF YOUR ANSWER IS "YES" TO QUESTIONS 16 THROUGH 20, GIVE DETAILS IN A SEPARATE LETTER AND ATTACH TO THIS APPLICATION SHOWING COURT(S) OR ENTRY, DATE(S) AND AMOUNT(S) OF JUDGEMENT(S), NAME(S) OF CREDITOR(S) AND AN EXPLANATION OF HOW AND WHEN YOU INTEND TO SATISFY SAID JUDGEMENT(S) AND/OR LIEN(S).

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

STATE OF _____
COUNTY OF _____

PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED _____ PERSONALLY KNOWN TO ME, WHO, BEING DULY SWORN, DEPOSES AND SAYS THAT HE EXECUTED THE ABOVE INSTRUMENT AND THAT THE STATEMENTS AND ANSWERS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC

(SEAL)

MY COMMISSION EXPIRES: _____