



Captive Insurance Biographical Affidavit

This **Biographical Affidavit** form needs to be submitted for each Director and Executive Officer to satisfy his/her captive appointments. The form must be filled out in its entirety. Additional pages may be attached if space is insufficient to answer any question. If there is any doubt about the accuracy of an answer, the question should be answered in the affirmative and an explanation provided. If there are significant updates to the information as originally filed, please file a new abbreviated form.

Full name and address of the present or proposed Captive Insurance Company under which this biographical statement is being required:

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

- 1. Affiant's Full Name: _____
- a. Social Security Number: _____
- b. Telephone Number: _____
- c. Email Address: _____
- d. Date of Birth (MM/DD/YY): _____

Place of Birth (City, State/Province, Country): _____

- 2. Have you ever used any other name including nickname, maiden name or aliases? If yes, give the reason and provide the full name(s) and date(s) used. Yes No

Date(s) Used (MM/YY)	<u>Name(s)</u>	<u>Reason(s)</u>
_____ to _____	_____	_____
_____ to _____	_____	_____

3. Are you a citizen of the United States? Yes No

4. Are you a citizen of another country? Yes No

If yes, identify the country or countries: _____

5. Education and Training:

College/University	City/State	Degree Obtained	Dates Attended
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_____	_____	_____	_____
_____	_____	_____	_____

Graduate or Professional	City/State	Degree Obtained	Dates Attended
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_____	_____	_____	_____
_____	_____	_____	_____

Other Training/Education	City/State	Degree Obtained	Dates Attended
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_____	_____	_____	_____
_____	_____	_____	_____

6. List your residences for the last ten (10) years starting with your current address. Except for your current address, dates provided in response to this question may be approximate.

Beginning/Ending Dates

Street Address/City, State/Province, Country

_____	_____
_____	_____
_____	_____
_____	_____

7. Affiant's present primary occupation or professional employment, including complete employment for the past twenty (20) years, whether compensated or otherwise.

Present Employment

Position or Title: _____

Employer's Name: _____

Beginning/Ending Date: _____ to _____

Address of Employer: _____

Business Telephone: _____ Work Email: _____

Supervisor Name: _____ Telephone Number: _____

Supervisor Email: _____

Previous Employment

Position or Title: _____

Employer's Name: _____

Beginning/Ending Date: _____ to _____

Address of Employer: _____

Business Telephone: _____ Work Email: _____

Supervisor Name: _____ Telephone Number: _____

Supervisor Email: _____

Reason for Leaving: _____

8. List any memberships in any professional societies and/or associations:

9. Have you ever been in a position which required a fidelity bond? Yes No

Have there been any claims made on the bond? Yes No N/A

If yes, provide details: _____

10. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? Yes No N/A

If yes, provide details: _____

11. Do you presently hold or have held in the past any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority or licensing authority (including licenses to sell securities)? Yes No

If yes, 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.

Organization / Issuer of License: _____

Address: _____

Phone Number: _____

License Type: _____ License #: _____

Date Issued: _____ Date Expired: _____

12. Have you, or a firm in which you are or were a member, or a corporation or insurance company of which you are or were an officer, director or major stockholder (10% or more) ever:

a. been charged with any wrongdoing by any governmental authority?

Yes No

b. compromised liabilities with creditors, been insolvent or been adjudged as bankrupt?

Yes No

c. had any judgments which have remained unsatisfied?

Yes No

d. been discharged or had a contract of agency terminated by any insurer or employer?

Yes No

e. been charged in any capacity with irregularities in money or any other transaction?

Yes No

f. been refused or voluntarily withdrawn an application for a license?

Yes No

g. been involved in any lawsuit as a defendant, other than a lawsuit involving only a claim on an insurance policy?

Yes No

h. been fined for other than traffic violations by any state or federal governmental agency or authority?

Yes No

If your answer to any of the questions in item 12 above are "yes", please attach a detailed explanation.

AFFIANT:

Dated and signed this ____ day of _____, 20 ____, 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

Printed Name of Affiant

NOTARY:

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]

Signature of Notary Public

Printed Notary Name

Notary Public authorized by the laws of the State of _____ to administer oaths. My commission expires on _____.