



## Insurance Division

Captive Insurance, 1963 Bell Avenue, Suite 100, Des Moines, IA 50315

(phone) 515-654-6600

<https://iid.iowa.gov/regulated-entities/insurance-related/iowa-captive-insurance>

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### CAPTIVE INSURANCE BIOGRAPHICAL AFFIDAVIT GENERAL INSTRUCTIONS

1. The **Biographical Affidavit** form needs to be submitted for each Director and Executive Officer to satisfy his/her captive appointments.
2. The **Biographical Affidavit** is a "fillable" PDF Form which you should be able to open in any basic Adobe Acrobat Reader. You may (1) Print them out as blank form, or (2) You can fill out directly on your screen if you have full Adobe. Adobe Reader does not allow you to save. If completed by hand, please use **black ink**.
3. The affidavit form (9 pages) must be filled out in its entirety and attach additional pages if space provided is insufficient to fully answer any question. No incomplete affidavit will be accepted. *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.*
4. You must print out the completed forms, sign as needed, and submit by mail or upload it to us electronically through ShareFile. If you would like to electronically upload the completed document to us through ShareFile, please request a ShareFile link by emailing us at [captive@iid.iowa.gov](mailto:captive@iid.iowa.gov).
5. If there is any significant update to the information as originally filed, please file a new abbreviated form. (e.g. Name, Iowa address, and/or employment).

For questions and guidance, please contact:

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Captive Insurance Director  
1963 Bell Avenue, Suite 100  
Des Moines, Iowa 50315  
[phone] 515-654-6651  
[email] [jeff.wilson@iid.iowa.gov](mailto:jeff.wilson@iid.iowa.gov)





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

Are you a citizen of another country(ies)?      Yes      No

If yes, identify the country(ies) \_\_\_\_\_  
\_\_\_\_\_

5. Education and Training:

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

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

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

(If affiant attended a foreign school, please provide the full address and telephone number of the college/university and, if applicable, provide the foreign student Identification Number (FSIN#).  
\_\_\_\_\_

6. List your residences for the last ten (10) years starting with your current address.

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Beginning/Ending Dates (MM/YY)	Street Address/City, State/Province, Country
_____	_____
_____	_____
_____	_____
_____	_____

7. Affiant's present position with captive insurance company:

\_\_\_\_\_

8. Affiant's present primary occupation or professional employment, including complete employment 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 officer ships). Telephone numbers and supervisory information are necessary for only the past ten (10) years. **(Attach additional pages as needed.)**

**Present Employment**

Position or Title \_\_\_\_\_

Employer's Name \_\_\_\_\_

Beginning/Ending Date (MM/YY) \_\_\_\_\_ 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 (MM/YY) \_\_\_\_\_ to \_\_\_\_\_

Address of Employer \_\_\_\_\_

Business Telephone \_\_\_\_\_ Work Email \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Supervisor Email \_\_\_\_\_

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

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

10. 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: \_\_\_\_\_

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. **(Attach additional pages as needed.)**

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

Address \_\_\_\_\_

City, State/Province, Country \_\_\_\_\_

Phone Number (if known) \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_

Date Issued (MM/YY) \_\_\_\_\_ Date Expired (MM/YY) \_\_\_\_\_

Reason for Termination \_\_\_\_\_

**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.**

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, regulatory, or governmental licensing agency?

Yes            No

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?

Yes            No

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?

Yes            No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes            No

e. Pled guilty, or nolo contendere, or been convicted of any criminal offense(s) other than civil traffic offenses?

Yes            No

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?

Yes            No

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?

Yes                      No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes                      No

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?

Yes                      No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes                      No

13. Do you control, directly or indirectly, any entity subject to regulation by an insurance regulatory authority? 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.

Yes                      No

If yes, identify the entity or entities:

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, ten percent (10%) or more of the outstanding 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?

Yes                      No

If yes, identify the company or companies in which the cumulative stock holdings represent ten percent (10%) or more of the outstanding voting securities:

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Are any of the shares of stock pledged in any way?      Yes              No              N/A

If yes, provide details: \_\_\_\_\_

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15. Have you ever been adjudged as bankrupt?      Yes              No

If yes, provide details: \_\_\_\_\_

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16. To your knowledge, has any company or entity for which you were an officer or direct, 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 attach 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?

Yes                      No

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)?

Yes                      No

- 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?

Yes                      No

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  
**(Please sign using black ink)**

\_\_\_\_\_  
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  
**(Please sign using black ink)**

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

Notary Public authorized by the laws of the State of \_\_\_\_\_ to administer oaths.

My commission expires on \_\_\_\_\_.

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