



# Texas Department of Insurance

Financial Regulation Division – Company Licensing and Registration Office, Mail Code 305-2C

333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

512-322-3507 telephone • 512-490-1035 fax • www.tdi.texas.gov

## BIOGRAPHICAL AFFIDAVIT (Print or Type)

Full Name and Address of Company/HMO (Do Not Use Group Names): \_\_\_\_\_

In connection with the above-named company/HMO, 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 questions fully.)

**IF ANSWER IS "NO" OR "NONE", SO STATE.**

1. Affiant's Full Name (Initials Not Acceptable): \_\_\_\_\_

2. a. Have you ever had your name changed? \_\_\_\_ If yes, give reason for the change: \_\_\_\_\_

b. Maiden Name (if female) \_\_\_\_\_

c. Other names used at any time \_\_\_\_\_

3. Affiant's Social Security Number\*: \_\_\_\_\_

4. Date and Place of Birth: \_\_\_\_\_

5. Affiant's Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

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

<u>DATES</u>	<u>ADDRESS</u>	<u>CITY AND STATE</u>	<u>ZIP CODE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Education: Dates, Names, Locations and Degrees

College \_\_\_\_\_

Graduate Studies \_\_\_\_\_

Others \_\_\_\_\_

8. List Membership in Professional Societies and Associations: \_\_\_\_\_

9. Present or Proposed Position with the Applicant Company/HMO: \_\_\_\_\_

10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years:

<u>DATES</u>	<u>EMPLOYER AND ADDRESS</u>	<u>TITLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Present employer may be contacted:                      Yes              No              (Circle One)

Former employers may be contacted:                      Yes              No              (Circle One)

12. 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 cancelled or revoked? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

13. List any professional, occupational or vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past. (State date license was issued, issuer of license, date terminated, reasons for termination): \_\_\_\_\_

14. 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 such license held by you ever been suspended or revoked? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

\* Refer to P.L. 93-579, Disclosure of Social Security Account Number.

15. List any insurers which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- If any of the stock is pledged or hypothecated in any way, give details: \_\_\_\_\_  
 \_\_\_\_\_
16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company/HMO or its affiliates? \_\_\_\_\_ If any of the shares of stock are pledged or hypothecated in any way, give details:  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Have you ever been adjudged a bankruptcy? \_\_\_\_\_
18. a. 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 any 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 the subject of any disciplinary proceedings of any federal or state regulatory agency? \_\_\_\_\_  
 If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_
- b. Has the company/HMO been so charged allegedly as a result of any action or conduct on your part? \_\_\_\_\_ If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_
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, liquidation or conservatorship? \_\_\_\_\_
20. Has the certificate of authority or license to do business of any insurance company/HMO of which you were an officer, director or key management person ever been suspended or revoked while you occupied such position? \_\_\_\_\_ If yes, give details:  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Are you now, or have you been, within the past five years, a plaintiff or defendant in any lawsuit? \_\_\_\_\_ If so, please furnish details: \_\_\_\_\_  
 \_\_\_\_\_

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)

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

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\_\_\_\_\_.

(SEAL) \_\_\_\_\_  
 (Notary Public)  
 My commission expires \_\_\_\_\_

BIOGRAPHICAL REFERENCES: ARTICLE 1.14, SEC. 3, TEXAS INSURANCE CODE, AS AMENDED, AND BOARD ORDER NO. 00582, DATED OCTOBER 24, 1957.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES. With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.texas.gov.