

Texas Windstorm Insurance Association (TWIA) Board of Directors Application

Biographical Information

First Name	Middle	e Name		Last Name			
Drivers License Number	Agents License Numb	er (if applicable)	Date of Birth	How long ha	ive you b	een a Texas res	sident?
Home Phone	Work Phone	Cell Phone		Spouse's Na	me		
Home Address: Street		City		Have you file		ederal	Yes
Email Address				income tax fo	r the pa	st 5 years?	No
TDI may release my ema	ail address in response	to a public inforr	nation reques	t Yes - Ag	gree	No - Do not	agree
Employer Employer	mation		Job Tit	tle			
Employer Address: Street		City			State	ZIP Code	
Job Responsibilities							
Education/Training	J						
Technical, Vocational, or Bu	usiness School	Турє	of Degree	F	ield of St	tudy	
Undergraduate College or	University	Туре	of Degree	F	ield of St	tudy	
Graduate College or Unive	rsity		of Degree	<u></u>	ield of St	tudy	

References	R	ef	eı	'e	n	C	e	S
------------	---	----	----	----	---	---	---	---

Reference Name	Phone	Email	
Reference Name	Phone	Email	
Reference Name		 Email	

Professional Memberships

Volunteer Participation

Area of Experience or Expertise

Check box beside areas of experience or expertise.

Consumer Issues Casualty Insurance Property Insurance Engineer Actuarial

Licensing Rate Regulation Other

Please describe how this experience will contribute to your service on the TWIA board of directors.

Que	estions of Interest		
If ne	eded, submit an attachment for your response to the question noting the question and page number	er.	
1.	What do you see as your responsibilities and duties as a TWIA board member?		
2.	What is your expectation of the time required to fulfill your responsibilities and duties as a TWIA box	ard meml	oer?
3.	How do you see the relationship of the board and TWIA's day-to-day operations?		
4	Are you prepared to commit to attend every regularly scheduled board meeting?	Yes	No
	Are you prepared and committed to attend as many meetings, as often as necessary, to achieve an efficient, effective, and prudent operation of TWIA?	Yes	No
6.	What is TWIA's purpose and goal?		
7.	How should TWIA operate to achieve its purpose and goal?		

Texas Department of Insurance | www.tdi.texas.gov

8. List the Texas counties in which you own property.

Background Information

If you answer YES to any of the following questions, please provide explanations on a separate sheet.

ΤI	ryou answer res to any or the following questions, please provide explanations on a separate sneet	•	
	1. Have you ever been indicted, convicted, or had adjudication deferred of a misdemeanor or felony?	Yes	No
	2. Are you, or any company in which you have a controlling interest in, delinquent in any local, state, or federal taxes?	Yes	No
	3. Have you ever had a grievance or complaint filed with any entity that regulates your professional license(s)?	Yes	No
	4. Have you ever had any fines, suspensions, revocations, investigations, or other actions taken against any professional license you hold?	Yes	No
	5. Have you been investigated, reprimanded, fined, or suspended from doing business with any state or federal agency in the last 10 years?	Yes	No
	6. Do you have a financial interest in any company that does business with the State of Texas?	Yes	No
	7. Do you serve on any local or state board, commission, committee, or in any elected office?	Yes	No
	8. Are you an officer, director, employee, or consultant of an insurance company, insurance agency, agent, broker, solicitor, adjuster, insurance industry-related association, or any other entity or person regulated by TDI?	Yes	No
	9. Are you related to or reside in the same household as a person who is an officer, director, employee, or consultant of an entity or person regulated by TDI?	Yes	No
	10. Are you related to or reside in the same household as a person who is an officer, director, employee, consultant, or contractor with TWIA?	Yes	No
	11. Do you own, have a financial interest in, or participate in the management of an organization regulated by TDI?	Yes	No
	12. Are you related to or reside in the same household as a person who owns, has a financial interest in, or participates in the management of an organization regulated by TDI?	Yes	No
	13. Is or has any entity in which you are or were an officer, director, or employee of been a defendant in a lawsuit or the subject of an adverse administrative or regulatory action?	Yes	No
	14. Are you engaged or employed by an organization that has a contract with an organization regulated by TDI?	Yes	No
	15. Are you associated with any unit of government?	Yes	No
	16. Are you associated with any organization that receives funding from any unit of government?	Yes	No
	17. Are you associated with any organization formed for the purpose of representing persons or organizations regulated by TDI?	Yes	No
	18. Are you required to register as a lobbyist with the Texas Ethics Commission?	Yes	No
	19. Are you related to or reside in the same household as a person required to register as a lobbyist with the Texas Ethics Commission?	Yes	No
	20. Are you, or have you been, a defendant in a lawsuit or the subject of an adverse administrative or regulatory action?	Yes	No

I affirm the information on this form is true, accurate, and complete. I als Insurance to conduct a background investigation.	so authorize the Texas Department of
Signature Required	 Date

The information provided on this form may be revealed publicly.

Return completed form to:

Texas Department of Insurance External Relations - Government Relations (MC-ER) PO Box 12030 Austin, TX 78711-2030 Email: governmentrelations@tdi.texas.gov

Phone: (512) 676-6605

Email Addresses

Under most circumstances, individual email addresses are protected by the Texas Public Information Act. Sharing this information for purposes of processing your information does not waive these confidentiality protections. However, you may affirmatively consent to release of your email address in response to a public information request or inquiry. If you would like more information about the public or confidential nature of information maintained by TDI, please consult our Open Records Policy and our Website Privacy Policy. This form is encrypted to meet privacy requirements.

Your Rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.