

## Biographical Affidavit for a Captive Insurance Company

Full Name of the Company (Do not use group names)

---

Full Mailing Address of the Company

---

---

City

State

Zip Code

### ► Tell us about yourself

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. If answer is "no" or "none", so state. All blanks need a response.

1. Affiant's Full Name (initials are not acceptable)

---

2. Name Change

a. Have you ever had your name changed?  Yes  No

If yes, give reason for change, including marriage. \_\_\_\_\_

b. Other names used at any time, including prior to marriage.

---

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

4. Affiant's Date of Birth \_\_\_\_\_

5. Affiant's Business Mailing Address and Contact Information

---

---

City

State

Zip Code

---

Phone Number

Email

\* Disclosure of your social security number is required by Texas Family Code § 231.302. It will be maintained as part of your license file. If you do not have a social security number, you must file a sworn affidavit stating your name and the fact that you do not have a social security number and why no social security number is held.

6. Provide information regarding your education, including colleges attended, graduate studies and other.

Begin date	End date	Name of Institution	City, St	Degree

7. List all memberships in professional societies or associations, starting with the most current.

---



---

8. Affiant's present or proposed position with the company

---

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

Begin date	End date	Employer Name	Employer Address	Title/Position Held

10. Fidelity bonds

a. Have you ever held a position which required a fidelity bond?  Yes  No

If any claims were made on the bond, provide details.

---

b. Have you ever been denied an individual or position schedule fidelity bond or had a bond cancelled or revoked?  Yes  No

If yes, provide details.

---

11. 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.

Licenses Type	License Issuer	Date Issued	Date Terminated	Reason for Termination

12. 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?  Yes  No

If yes, provide details.

---

13. List any insurers, captive insurers, or other regulated entities which you control, or 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, provide details.

---

14. Will you or members of your immediate family subscribe to or own, beneficially, or of record, shares of stock of any insurers, captive insurers, or other regulated entities or affiliates?  Yes  No

If any of the shares of stock are pledged or hypothecated in any way, provide details.

---

15. Criminal charges.

- 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 or any insurance law, or have you been the subject of any disciplinary proceedings of any federal or state regulatory agency?  Yes  No

If yes, provide details.

---

- b. Have any insurers, captive insurers, or other regulated entities been so charged allegedly as a result of any action or conduct on your part?  Yes  No

If yes, provide details.

---

16. Have you ever been an officer, director, trustee, investment committee member, key employee or controlling stockholder of any insurer, captive insurer or other regulated entity which, which you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision, conservatorship or receivership for rehabilitation or liquidation?  Yes  No

If yes, provide details.

---

17. Has the certificate of authority or license to do business of any insurer, captive insurer or other regulated entity of which you were an officer, director or key management person, ever been suspended or revoked while you occupied such position?  Yes  No

If yes, provide details.

---

18. Are you now, or have you been (within the past five years) a plaintiff or defendant in any lawsuit?  Yes  No

If yes, provide 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 \_\_\_\_\_

BEFORE ME, \_\_\_\_\_, a notary public in and for the State of Texas, on this day personally appeared \_\_\_\_\_, known to me, or proved to me on the oath of \_\_\_\_\_ or through \_\_\_\_\_

(description of identity card) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that s(he) executed the same for the purpose and consideration therein expressed.

Given under my hand seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(notary seal)

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
My commission expires

**Your rights:** You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, Texas Department of Insurance, PO 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, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.