



Captive Insurance Division
Arizona Department of Insurance and Financial Institutions
 100 North 15th Avenue, Suite 261, Phoenix, Arizona 85007-2630
 Phone: (602) 364-4490 | Web: <https://difi.az.gov>

BIOGRAPHICAL AFFIDAVIT – Captive Insurers

- 1) Affiant’s Full Name (Initials Not Acceptable)

- 2) Have you ever used any other name, including a maiden name or alias? _____
If yes, explain _____
- 3) Social Security # _____
- 4) Date of Birth _____
Birth Place _____
- 5) Business Address _____

- 6) Bus. Phone _____
- 7) Your present or proposed position with the captive _____
- 8) List your residences for the last 5 years starting with your current address:

<u>DATES of RESIDENCE</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
- 9) EDUCATION (Specify Dates, Institution and Degrees received where applicable):
 College _____
 Graduate Study _____
 Other _____

10) Memberships in Professional Societies & Associations:

11) List all employers during the last 10 years (Dates, Name of Employer, Address, Title/Position):

a) May these employers be contacted? _____ If not, which one(s):

12) Have you ever been in a position that required a fidelity bond? _____

a) If yes, and any claims were made under it, give details

b) If yes, have you ever had a fidelity bond denied, cancelled or revoked? _____
Provide details

13) List all professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority that you hold or have held in the past. Specify date of issue, issuer, date terminated and reason for termination

14) During the last 10 years, have you ever applied for and been denied a professional, occupational or vocational license or permit **OR** have you had any license suspended, revoked or subjected to any disciplinary action? _____

If yes, provide details _____

15) List any insurer that you control, directly or indirectly, or hold legal or beneficial ownership of 10% or more of outstanding stock (voting power).

- 16) Will you or members of your immediate family subscribe to or own, beneficially or otherwise, shares of stock in the proposed captive or its affiliates? _____
 If yes, provide details _____

- 17) Have you ever been adjudged a bankrupt or been a debtor in a bankruptcy proceeding? _____
 If yes, explain _____

- 18) Have you ever been convicted of, had a sentence imposed or suspended for, had pronouncement of a sentence suspended or pardoned for conviction of, or entered a guilty plea or plead *nolo contendere* to:
- a) Any felony? _____
- b) To any misdemeanor other than a civil traffic offense? _____
- If yes to a) or b), provide details of the events surrounding the criminal action and provide copies of all pertinent court documents (e.g. indictment, complaint, sentencing order, etc.).

- c) Has any company been so charged as a result of any action, inaction or conduct on your part? _____
 If yes, provide details _____

- 19) Has a federal or state regulatory agency ever taken any disciplinary or other action against you or any company for which you were the responsible individual or an officer or director? _____
 If yes, explain: _____

- 20) Have you ever been an officer, director, trustee, investment committee member, key employee, captive manager or employee thereof, or controlling stockholder of any insurer that, while you occupied such position, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____
 If yes, provide details: _____

- a) While occupying any of the positions listed above, was the insurer's certificate of authority or license ever suspended or revoked? _____
If yes, provide details:

Dated & signed this _____ day of _____ 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 executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed & sworn to before me this _____ day of _____, 20__.

(Notary Public)

My Commission Expires _____