



DEPARTMENT OF INSURANCE
STATE OF ARIZONA

Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-2712
Fax: (602) 364-3989
www.id.state.az.us

ARIZONA BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full Name of Company (Do Not Use Group Names) N.A.I.C. Number: (If applicable)

Complete Company Address

In connection with the above-named organization, 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 question 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 change:
b. Other names used at any time: If answer is "NONE" so state.
3. Affiant's Social Security Number:
4. Date and Place of Birth:
5. Affiant's Business Address:
Affiant's Business Telephone:
6. List your residences for the last ten (10) years starting with your current address, giving:

Table with 3 columns: DATES, ADDRESS, CITY, STATE AND ZIP CODE

7. List Membership in Professional Societies and Associations:

8. Education: Dates, Names, Locations and Degrees:
College:
Graduate Studies:
Others:

9. Present or Proposed Position with the Applicant Company:

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

Table with 3 columns: DATES, EMPLOYER AND COMPLETE ADDRESS INCLUDING ZIP CODE, TITLE

11. Present employer may be contacted: Yes No
Former employers may be contacted: Yes No
If "No", state reason(s):

- 12. a. Have you ever been in a position which imposed a fidelity bond? Yes No
If yes, name the insuring company and/or place of employment:
a.1. 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 canceled or revoked? Yes No
b.1. If yes, attach a complete statement describing the details.

# ARIZONA BIOGRAPHICAL AFFIDAVIT

13. List any professional, occupational or vocational licenses issued by any public or governmental licensing agent 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) If License Is "CURRENT" So State: \_\_\_\_\_
14. During the past ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental agency or regulatory authority, or has any such license held by you ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_
15. Are there any insurers in which you control directly or indirectly or own legally or beneficially one percent (1%) or more of the outstanding stock (in voting power)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide a statement of details, including name, type of insurer, what percent, how controlled and those related to any pledging of the stock, with or without title transfer. \_\_\_\_\_
16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant organization or its affiliates? Yes \_\_\_\_\_ No \_\_\_\_\_ If any of the shares are pledged or hypothecated in any way, give details If "NONE PLEDGED OR HYPOTHECATED," So State: \_\_\_\_\_
17. Have you ever been adjudged and/or designated a bankrupt and/or debtor by the Federal Bankruptcy Court as provided by the Bankruptcy Act (as amended by the Bankruptcy Reform Act of 1978 and the Bankruptcy Amendments and Federal Judgeship Act of 1984)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details: \_\_\_\_\_
18. Have you ever been convicted, served a criminal summons, questioned, arrested, taken into custody, indicted, charged with, tried for or ever been the subject of an investigation concerning the violation of any felony or misdemeanor, or are any charges now pending against you? (In answering this question include all incidents, no matter how minor the infraction or whether guilty or not, whether expunged, set aside, reversed or dismissed excluding ONLY traffic violations which resulted in a penalty not exceeding \$200 or anything that happened before your 18th birthday). Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_
19. a. Have you ever been subject to any disciplinary proceedings of any federal or state regulatory agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details If yes, give details: \_\_\_\_\_
- b. Has any company been so charged, allegedly as a result of any action or conduct on your part? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details: \_\_\_\_\_
20. Have you ever been a management consultant, administrator, officer, director, trustee, investment committee member, key employee or controlling stockholder of any company or company affiliate which became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_
21. Has the Certificate of Authority or license to do business of any insurance company or insurance related company of which you were a management consultant, administrator, officer, director or key management person ever been suspended or revoked while you occupied such a position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf, and the foregoing statements are true and correct to the best of my knowledge and belief.

State of: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Affiant)

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 and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(STAMP OR SEAL)

Commission expires: \_\_\_\_\_