

**BIOGRAPHICAL AFFIDAVIT**

(Print or Type)

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

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

3. Have you ever had your name changed? Yes  No   
If "Yes", give the reason for the change:

4. Affiant's Identification No. applied to Government Record Systems.  
Two copies of picture Id required also.

Social Security No.: \_\_\_\_\_

Passport No: \_\_\_\_\_

National Health Insurance No. \_\_\_\_\_

Other, specify

\*Indicate country of issue

5. a. Date of Birth \_\_\_\_\_

b. Place of Birth \_\_\_\_\_

6. Affiant's Business Address:

Business Telephone No.:

Email Address:

7. List your resident for the last ten (10) years starting with your current address, giving

DATES ADDRESS CITY AND STATE

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

8. Education: Dates, Names, Locations and Degrees

College \_\_\_\_\_

\_\_\_\_\_

Degree Awarded \_\_\_\_\_

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

Degree Awarded \_\_\_\_\_

Others \_\_\_\_\_

9. List memberships in Professional Societies and Associations:

10. Present or Proposed position with the Applicant company:

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

DATE	EMPLOYER AND ADDRESS	TITLE
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12. a) Present employer may be contacted.  Yes  No  
b) Former employers may be contacted  Yes  No  
c) List Names, Address, Phone/fax numbers of referees.

(2 letters of reference must be submitted along with this Biographical Affidavit, one must be from past employer.)

- d) Date of Police Record \_\_\_\_\_ (A recent copy of the Police Record must be also submitted)
13. a) Have you ever been in a position which required a fidelity bond?  Yes  No  
If any claims were made on the bond, give details.
- b) Have you ever been denied an individual or position schedule, fidelity bond, had a bond cancelled or revoked?  Yes  No  
If "Yes", give details

14. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you currently hold or have held in the past.(state date license issued, issuer or license, date terminated, reasons for termination.)

15. During the last ten (10) ten years, have you ever been refused a professional, occupational, or vocational license by any public governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked?  Yes  No  
If "Yes" give details.

16. List any insurers in 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.

17. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates?

Yes  No

18. Have you ever been adjudged a bankrupt?  Yes  No

If "Yes", please supply particulars.

19. a) Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or 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 governmental or state regulatory agency?  Yes  No

If "yes", please supply particulars.

- 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 an officer, director, trustee, investment committee member, key employee, or controlling stockholder or any insurer which, while you occupied any such position or capacity with respect to it, become insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conversation?  Yes  No

If "yes", give details including Names and Dates

21. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?  Yes  No

Dated and 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)

Country of \_\_\_\_\_

State/District of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_ personally known to me, being duly sworn, deposes and says that he executed the above instrument and that the settlements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and shown to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
(Notary Public for Documents to be sent overseas  
(Justice of the Peace for Documents to be used in  
Belize only)

(Seal)

Name of Notary Public/Justice of the Peace: \_\_\_\_\_  
Address of Notary Public/Justice of the Peace: \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

BA/ID/7/02/ADG