



Full Name and Address of Captive Insurance Company:

Empty text box for company name and address.

In connection with the above named company, I herewith make representations and supply information about myself as hereinafter set forth

Please complete the following. Attach addendum or separate sheet if space is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE" SO STATE.

1. Affiant's Full Name (Initials Not Acceptable):				
2a. Have you ever had your name changed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, why?				
2b. Other names used at any time:				
3. Social Security Number:		4a. Date of Birth (mm/dd/year):		
4b. Place of Birth:				

5. Business Address:	
Business Telephone:	

6. List your residence(s) for the last ten (10) years stating with your current address:		
Address	City, State, Zip	Dates

7. Education				
	Name	Location	Dates	Degree(s)
High School:				
College:				
Graduate:				
Professional/Other:				

8. Memberships in Professional Societies and Associations:

Present/Proposed Position with the Applicant Company:				
List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years (attach additional page if necessary):				
Dates	Address			Title
Present employer may be contacted:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Former employers may be contacted:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Former employers may be contacted:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been in a position which required a fidelity bond?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If any claims were made on the bond, give details:				
Have you ever been denied an individual or position schedule fidelity bond or had a bond canceled or revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, give details:				
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. Include date license was issued, issuer of license, date terminated and reasons for termination (attach additional page if necessary):				
During the last ten (10) years have you been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, give details:				
Have you ever been adjudged as bankrupt?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 an 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 federal or state regulatory agency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, give details.				
Has any company been so charged, allegedly as a result of any action or conduct on your part?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, give details:				
Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, give details.				
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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, give details.				

Signatures

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)

Personally appeared before me the above named _____ personally known to me, who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____

NOTARY
SEAL

(Notary Public)

Notary Public Authorized by State of _____ to administer oaths. My commission expires _____