

NAIC IID – Biographical Affidavit

Alien Insurer Name:

Alien No.:

NAIC International Insurers Department
Biographical Affidavit Form

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority and the NAIC. The affiant may be required to provide additional information during a third-party verification process if they have attended a non-U.S. educational institution or lived and worked outside the U.S.

Full name, address and phone number of the entity under which this biographical affidavit is required.

Applicant Company Name:

Alien ID:

Address:

Phone:

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. Attach addendum if space is insufficient to answer any question completely. **All fields must include a response.**

1. Affiant's Full Legal Name (Initials are Not Acceptable):

First:

Middle:

Last:

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of multiple countries?

Yes No

If "Yes," provide the country/countries?

3. Affiant's occupation or profession:

4. Provide the following for the Affiant's employer:

Address:

Business phone:

Business email:

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5. Education and training:

| Educational Institution | Address and Phone Number | Dates Attended (MM/YYYY) | Degree/Certification |
|-------------------------|--------------------------|--------------------------|----------------------|
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6. List of memberships in professional societies and associations:

| Society/Association | Contact Name | Address | Phone |
|---------------------|--------------|---------|-------|
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7. Position or association with the Applicant Company:

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates, or officerships). List the most recent employment first. It is only necessary to provide phone numbers and supervisory information for the past ten (10) years. Attach addendum if space is insufficient to answer completely.

| | |
|------------------------|--|
| Beginning/Ending Date: | |
| Employer's Name: | |
| Address: | |
| Phone: | |
| Position: | |
| Supervisor/Contact: | |
| Type of Business: | |

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| Beginning/Ending Date: | |
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| | |
|------------------------|--|
| Beginning/Ending Date: | |
| Employer's Name: | |
| Address: | |
| Phone: | |
| Position: | |
| Supervisor/Contact: | |
| Type of Business: | |

9. a. Have you ever been in a position that required a fidelity bond?

Yes No

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

10. Have you ever been denied an individual or position fidelity bond, or had a bond canceled or revoked?

Yes No

If "Yes," provide details:

11. List any professional or occupational licenses (including licenses to sell securities) issued by any public or governmental licensing agency that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and phone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.

| | |
|---------------------------------|--|
| Organization/Issuer of License: | |
| Address and Phone: | |

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| License Type: | |
| License #: | |
| Date Issued/Expired (MM/YYYY): | |
| Reason for Termination: | |

| | |
|--|--|
| Organization/Issuer of License: | |
| Address and Phone: | |
| Non-Insurance Regulatory Phone (if known): | |
| License Type: | |
| License #: | |
| Date Issued/Expired (MM/YYYY): | |
| Reason for Termination: | |

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond “No” to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any professional or occupational license or permit (currently hold or previously held) subjected to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or been levied a fine against you or your professional or occupational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

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- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease-and-desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last 10 years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the comptroller of any government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the comptroller of any government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is, “Yes,” provide details including dates, locations, disposition, or any other applicable information. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds the power to vote, or holds proxies representing, 10% or more of the voting securities of any other person.

If any of the securities are pledged, provide details.

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation

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by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If “Yes,” identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting shares.

If any of the stock is pledged, provide details.

15. Have you ever been adjudged bankrupt?

Yes No

If “Yes,” provide details:

16. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority/registration by any regulatory authority or governmental licensing agency?

Yes No

b. Had its permit, license, or certificate of authority/registration suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, bankruptcy proceeding, insolvency, supervision, or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority/registration in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is “Yes,” provide details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

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Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

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.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____ by _____, and: _____ who is personally known to me, or _____ who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

Notary Commission Expires

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Biographical Affidavit Form
Supplemental Personal Information

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority and the NAIC. The affiant may be required to provide additional information during a third-party verification process if they have attended a non-U.S. educational institution or lived and worked outside the U.S.

Full name, address and phone number of the entity under which this biographical affidavit is required.

Applicant Company Name:

Alien ID:

Address:

Phone:

All fields must include a response.

1. Have you ever used any other name, including first, middle or last name, nickname, maiden name, or aliases?

Yes No

If “Yes,” provide the reason, if any, and the following:

| Date Range (MM/YYYY) | First, Middle, and Last Name | Reason |
|----------------------|------------------------------|--------|
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2. Affiant’s Social Security Number (SSN) or government identification number, if not a U.S. Citizen:

| SSN or Government ID | Country of Issuance |
|----------------------|---------------------|
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3. Date of Birth: (MM/DD/YYYY):

Address:

4. Name of Affiant’s Spouse (if applicable):

5. List your residences for the last ten (10) years starting with your current address:

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Alien Insurer Name:

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| Dates Range (MM/YYYY) | Complete Address |
|--------------------------|------------------|
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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.

_____ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: County of:

The foregoing instrument was acknowledged before me by means of physical presence or electronic notarization, this day of ,20 by : who is personally know to me, or who produced the following identification: .

[SEAL]

Notary Public

Printed Notary Name

Notary Commission Expires

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DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure (“Application”) with the NAIC International Insurers Department (IID) within the United States. If the Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by the IID during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by the IID reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____

[company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to the IID and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ electronic notarization, this _____ day of _____, 20 _____ by _____ : _____ who is personally known to me, or _____ who produced the following identification: _____ .

[SEAL]

Notary Public

Printed Notary Name

Notary Commission Expires

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Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant.