Applicant Company Name:	
NAIC No.:	FEIN:
	ed for additional responses carried over from the biographical affidavit question 8. Responses I below (unused sections may be left blank). The Employment Addendum pages must be signed CAA webpage for additional questions.
positions, partnerships, owner of an entity, Attach additional pages if the space provid	past twenty (20) years, whether compensated or otherwise (up to and including present jobs, administrator, manager, operator, directorates or officerships). Please list the most recent first. ed is insufficient. It is only necessary to provide telephone numbers and supervisory information rmation may be required during the third-party verification process for international employers.
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Afficiant Cignotures	Data:
Affiant Signature:Page of	Date:
. 486 01	

Applicant Company Name:	
NAIC No.:	FEIN:
	ed for additional responses carried over from the biographical affidavit question 8. Responses d below (unused sections may be left blank). The Employment Addendum pages must be signed CAA webpage for additional questions.
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Affiant Signature:Page of	Date:

Applicant Company Name:	
NAIC No.:	FEIN:
	d for additional responses carried over from the biographical affidavit question 8. Responses below (unused sections may be left blank). The Employment Addendum pages must be signed CAA webpage for additional questions.
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Affiant Signature:	Date:

Applicant Company Name:	
NAIC No.:	FEIN:
	ed for additional responses carried over from the biographical affidavit question 8. Responses d below (unused sections may be left blank). The Employment Addendum pages must be signed CAA webpage for additional questions.
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Affiant Signature:Page of	Date: