



NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES

CAPTIVE INSURANCE COMPANY
BIOGRAPHICAL AFFIDAVIT

Full Name and Address of Captive Insurance Company:

Blank lines 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. (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 the reason for the change:

b. Other names used at any time

3. Social Security Number

4. Date and Place of Birth

5. Business Address

Business Telephone

6. List your residences for the last ten (10) years stating with your current address giving:

Date Address City, State & Zip Code

Table with 3 columns: Date, Address, City, State & Zip Code. Includes three rows of blank lines for data entry.

7. Education: (Dates, Names, Locations and Degrees)

High School

College

Graduate

Professional/Other

8. List Memberships in Professional Societies and Associations:

Blank lines for listing memberships.

BIOGRAPHICAL AFFIDAVIT - CAPTIVE INSURANCE COMPANY (Continued)

9. Present/Proposed Position with the Applicant Company _____

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

<u>Date</u>	<u>Employer & Address</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Present employer may be contacted: Yes No (Circle One)

Former employers may be contacted: Yes No (Circle One)

12. a. Have you ever been in a position which required a fidelity bond? _____

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? _____

If yes, give details

13. 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).

14. During the last ten (10) years have you ever 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? _____

If yes, give details.

15. Have you ever been adjudged as bankrupt? _____

16. a. 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? _____

BIOGRAPHICAL AFFIDAVIT - CAPTIVE INSURANCE COMPANY (Continued)

If yes, give details.

b. Has any company been so charged, allegedly as a result of any action or conduct on your part? _____

If yes, give details.

17. 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? _____

If yes, give details.

18. 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? _____

If yes, give details.

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 Public)

NOTARY
SEAL

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