

**BIOGRAPHICAL AFFIDAVIT**

Full Name and Address of Company (Do Not Use Group Names) \_\_\_\_\_

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. Affiant's Social Security Number \_\_\_\_\_

4. Date and Place of Birth \_\_\_\_\_

5. Affiant's Business Address \_\_\_\_\_  
Business Telephone \_\_\_\_\_

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

DATE	ADDRESS	CITY AND STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

College \_\_\_\_\_

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

Others \_\_\_\_\_

8. List memberships in Professional Societies and Associations \_\_\_\_\_  
\_\_\_\_\_

9. Present or 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:

DATES	EMPLOYER AND ADDRESS	TITLE

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

Former employers may be contacted.  Yes  No (Check 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 cancelled or revoked? \_\_\_\_\_  
If yes, give details. \_\_\_\_\_  
\_\_\_\_\_

13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issue, issuer of license, date terminated, 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. 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). \_\_\_\_\_  
\_\_\_\_\_



Applicant Name: \_\_\_\_\_

NAIC NO. \_\_\_\_\_

FEIN: \_\_\_\_\_

personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements 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 \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_

g:\data\cj\misc\bio affidavit fm