



**North Carolina Department of Insurance**  
**Mike Causey, Commissioner**  
**Captive Insurance Company**  
**Biographical Affidavit**

Captive Insurance Section  
 1203 Mail Service Center  
 Raleigh, NC 27699-1203  
 Office (919) 807-6165  
 Fax (919) 807-6635  
 www.nccaptives.com

To the extent permitted by law, this affidavit will be kept confidential by the North Carolina Department of Insurance.

**(Print or Type)**

**Section One: Name of Applicant/Captive Insurance Company**

Full name and address of the Applicant/Captive Insurance Company under which this biographical statement is being required.

Name: .....

Address: .....

**Section Two: Personal Information**

In connection with the above-named entity, 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', 'NONE' or 'NOT APPLICABLE', SO STATE

1. a. Affiant's Full Name (initials not acceptable): .....

b. Maiden Name (if applicable): .....

2. a. Have you ever had your name changed?  Yes  No If yes, give the reason for the change and provide the full name(s): .....

b. Other names used at any time (including aliases): .....

3. Date of Birth: (MM/DD/YY): ..... Place of Birth: .....

4. a. Are you a citizen of the United States?  Yes  No

b. Are you a citizen of any other country?  Yes  No If yes, what country? .....

5. Affiant's Occupation or Profession: .....

6. Affiant's Business Address: .....

7. Affiant's Business Telephone: .....

Affiant's Name: \_\_\_\_\_

8. Affiant's present or proposed position with the Applicant/Captive Insurance Company:

Owner  Director  CEO  CFO  COO  Other: \_\_\_\_\_

9. Residence Addresses for all periods of time for the past three (3) years beginning with the most recent:

Beginning/Ending Dates (MM/YY)	Street Address/Apt #	City	State or Country	Postal Code

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap from one address to another.

**Section Three: Education and Training**

1. Please complete the schedule below pertaining to the schools you have attended starting with high school. Begin with the most recent and include all schooling, even if you did not graduate.

Name/Address of School	Dates Attended (MM/YY)	Degree/Certificate Obtained	Did you Graduate? (Yes or No)	Your name if different than now

Affiant's Name: \_\_\_\_\_

2. Provide details of any other training or education not listed above:

Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained

3. List memberships in any professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association

**Section Four: Employment Information**

1. List complete employment record for the past five (5) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first.

Employer Name and Address	Dates of Employment (MM/YY)	Title/Position Held	Telephone	Supervisor/Contact

Affiant's Name: \_\_\_\_\_

**Employment Information (continued):**

Employer Name and Address	Dates of Employment (MM/YY)	Title/Position Held	Telephone	Supervisor/Contact

2. Have you ever been in a position which required a fidelity bond?  Yes  No If any claims were made on the bond, give details: \_\_\_\_\_

3. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked?  Yes  No If yes, give details: \_\_\_\_\_

4. List any professional, occupational, and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency, regulatory authority or licensing authority that you presently hold or have held in the past:

License Type	Date License Issued (MM/YY)	Name and Address of Issuing Agency or Authority	Date Terminated (if applicable) (MM/YY)	Reason for Termination (if applicable)	License #

Affiant's Name: \_\_\_\_\_

### Section Five: Biographical Questions

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. **If the affiant answers "YES" to any question, attach an addendum explaining the details and circumstances (including location, license number, date, disposition, etc.). If the affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.**

1. Have you ever been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  Yes  No

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2. Has any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  Yes  No

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3. Is any occupational, professional, or vocational license or permit that you hold under investigation or pending disciplinary action in any state?  Yes  No

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4. Have you ever been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  Yes  No

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5. Have you ever been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?  Yes  No

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6. Have you ever pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  Yes  No

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7. Have you ever 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

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8. Have you ever had a finding made by the Comptroller of any state or the Federal 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 state or the Federal Government?  Yes  No

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9. Have you ever 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

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10. Have you ever had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  Yes  No

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11. Have you ever been, within the past ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?  Yes  No

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12. To your knowledge has any company or entity for which you are or 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? When responding to questions (b), (c) and (d) affiant should also include any events within twelve (12) months after his or her departure from the entity.
  - a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency?  Yes  No

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  - b. Had its permit, license, or certificate of authority suspended, revoked, cancelled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  Yes  No

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  - c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?  Yes  No

Affiant's Name: \_\_\_\_\_

d. Voluntarily surrendered its permit, license, registration, or certificate of authority in lieu of further investigation?  Yes  No

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13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the term "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 with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

Is any of the stock of any of the above entities pledged or hypothecated in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, ten percent (10%) or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory, 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. If the answer is "Yes", please identify below the entity or entities in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.  Yes  No

Is any of the stock of any of the above entities pledged or hypothecated in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Affiant's Name: \_\_\_\_\_

**Section Six: Certification**

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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)

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By

\_\_\_\_\_, and:

\_\_\_\_\_ who is personally known to me, or

\_\_\_\_\_ who produced the following identification: \_\_\_\_\_

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

SEAL

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires