



Department of Consumer & Business Services

Oregon Insurance Division – 4

350 Winter St. NE, Rm. 440

Salem, Oregon 97301-3883

Phone (503) 947-7982

Biographical Affidavit

(Print or Type)

Full name of company (Do not use group name): _____

Address: _____

Street

City

State

ZIP

In connection with the above-named company, I herewith make representations and provide the following information about myself. (Attach addendum or separate sheet if space 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. Place of birth: _____

4. Affiant’s business address: _____

Business telephone: _____

5. Education — Dates, names, locations and degrees:

College: _____

Graduate studies: _____

Others: _____

6. Memberships in professional societies and associations: _____

7. Present or proposed position with the applicant company: _____

8. Complete employment record (up to and including present jobs, positions, directorates, or officerships) for the past 20 years:

Dates	Employer	Type of business	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



9. Present employer may be contacted. (Circle one) Yes No
Former employers may be contacted. (Circle one) Yes No
10. a. Have you ever been in a position that 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: _____

11. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority that you hold or have held in the past (state the date the license was issued, issuer or license, date terminated, reasons for termination):

12. During the last 10 years, have you 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: _____

13. 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):

If any of the stock is pledged or hypothecated in any way, give details: _____

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? _____
If any of the shares or stock are pledged or hypothecated in any way, give details: _____

15. Have you ever been adjudged a 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 nullo contendere to an information or 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? _____
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 that, 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. Have you ever been convicted of a misdemeanor involving moral turpitude? _____

If yes, give details: _____

As used in question 18, for a misdemeanor to involve "moral turpitude," the misdemeanor must require intent and must include an element of fraud, deceit, dishonesty, harm to a specific victim or illegal activity undertaken for personal gain. In *Re Conduct of Sonderen*, 303 OR 129, 734 p2d 348 (1987), language cited with approval by the Oregon Supreme Court.

19. 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 _____ 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)

State of _____

County of _____

Personally appeared before me the above named, _____, personally known to me, who, being duly sworn, deposes and says that he/she executed this 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 _____, 20____.

(SEAL)

(Notary public)

My commission expires _____



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**Biographical Affidavit
(Supplemental Information)**

(Print or Type)

This page will be kept confidential by this division to the extent permitted by law. It will not be made available to the public or individuals not employed by this division. Its use by individuals employed by this division is limited to regulatory purposes only.

Full name of company (Do not use group name): _____

Address: _____
Street City State ZIP

1. Affiant's full name (Initials not acceptable): _____
2. Affiant's Social Security Number: _____
3. Affiant's date of birth: _____
4. List your residences for the last ten 10 years, starting with your current address:

Date	Address	City and state
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated and signed this _____ day of _____ 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)

State of _____

County of _____

Personally appeared before me the above named, _____, personally known to me, who, being duly sworn, deposes and says that he/she executed this 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 _____, 20____.

(SEAL)

(Notary public)

My commission expires _____