

RFQ Application – Special Deputy Receiver

► Instructions

- Use this form to respond to the request for qualifications (RFQ) for special deputy receivers.
- Applicant refers to a legal entity.
- Section One must be completed by a person authorized to act on the applicant’s behalf.
- Section Two must be completed by each person that may be designated as a Receivership Administrator.
- Failure to provide any of the requested information may disqualify an application.

Section One – Applicant

I. General information

Description of applicant

Corporation Partnership Other (describe) _____

Name of applicant

FEIN or taxpayer ID no. _____

Office address

Street address _____

City _____ State _____ ZIP _____

Mailing address (if different from office address)

Street address _____

City _____ State _____ ZIP _____

Website _____

Email _____

Phone _____

  Attach a list of names and titles of officers, directors, and owners.

Are you certified as a historically underutilized business (HUB) in Texas? Yes No


Certification no. _____

II. Disclosures

Is applicant part of an organization that includes affiliated entities? Yes No

If yes, attach the following information about any of the applicant's affiliates:

  Name, state/country of domicile, relationship to applicant, type of business.

  List of applicant's owners with 10% or more interest, including their names and addresses.

In questions 1-11, "you" refers to the applicant, the applicant's proposed receivership administrators, or any of the applicant's officers, directors, or managers who would be involved in a receivership.

1. Have you been indicted for, convicted of, pleaded guilty to, or received a deferred adjudication for any of the following:
 - A felony; Yes No
 - A misdemeanor involving embezzlement, theft, conversion, larceny, fraud, or similar crime; Yes No
 - A misdemeanor involving violence, workplace misconduct, or similar crime; Yes No
 - A violation of a securities or insurance law; or Yes No
 - Any other crime of moral turpitude? Yes No
2. Has a finding of fraud, breach of fiduciary duty, bad faith, unfair business practices, deceptive trade practices, conversion, or similar action been entered against you by a court or administrative law judge? Yes No
3. Has any action been filed against you (or a business in which you were an officer, director, or controlling stockholder) by a receiver, trustee, or governmental entity for a breach, failure to perform, or assessment of penalties or liquidated damages in connection with a contract? Yes No
4. Have you been subject to any disciplinary proceedings by any governmental or regulatory entity? Yes No
5. Has a judgment or administrative fines or penalties been imposed against you, or a business in which you were an officer, director, or controlling stockholder? Yes No
6. Have any of the following actions been taken with respect to an insurer, or other entity involved in the business of insurance, during the time that you were an officer, director, or controlling stockholder?
 - Suspension or revocation of a certificate of authority or license; Yes No
 - Administrative oversight; Yes No
 - Supervision; Yes No
 - Conservatorship; Yes No
 - Receivership; or Yes No
 - Any other finding of hazardous condition. Yes No
7. Are you or any organization in which you have or have had a controlling interest delinquent in filing or paying any local, state, or federal tax? Yes No

8. Have you been involved in any of the following actions?
- Making a claim or other action against TDI; Yes No
 - An action by TDI against you, including an action to revoke or suspend a license issued by TDI; Yes No
 - Representing or providing services to another party in connection with a claim or action by or against TDI; or Yes No
 - Representing or providing services to a party, other than the receiver or an SDR, regarding an insurance receivership in Texas. Yes No
9. Has a licensing agency or regulatory authority denied an application by you for an occupational or vocational license or certification, or revoked or suspended such a license held by you? Yes No
10. Have you been a party to a contract with a receiver, trustee, or governmental entity that was terminated for cause? Yes No
11. Have there been any other actions or situations that could create an appearance of impropriety in connection with the applicant's appointment as a Special Deputy Receiver? Yes No

📎 📎 If you answered "Yes" to any of the questions above, attach relevant information.

III. Certification

This certification must be executed by a person authorized to act on behalf of the applicant.

I affirm that I am authorized to act on behalf of the applicant, and that the information submitted in this application is true and correct to the best of my personal knowledge and belief.

1. Applicant acknowledges that all the information provided in this application may be released by the commissioner, except as otherwise required by law.
2. Applicant releases the commissioner and his or her employees and agents from any and all liability, claims, and lawsuits with respect to the information submitted in this application or obtained in connection with this application.
3. Applicant acknowledges that additional information or documentation may be requested by the commissioner or his or her authorized representatives, and that failure to provide any information requested may be cause for non-approval of this application.

Signature of applicant's authorized representative

Date

Title

Printed name

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030.

You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code AO-MGMT), Austin, Texas 78711-2030.

Section Two – Receivership Administrator

Each receivership administrator referenced in Section One must complete this section.

I. General information

Name of Receivership Administrator

 First name Middle name Last name Suffix

Social Security number _____

Title _____

Business phone _____

Business email address _____

II. Education

Type of school	Name and location of school	Dates attended		Graduated		Degree
		From Mo/ Yr	To Mo/ Yr	Yes	No	
Colleges or universities						
Graduate schools						

III. Experience

A receivership administrator must have the following minimum qualifications:

- A bachelor’s degree,
- At least 10 years work experience, and
- Experience relevant to the insurance business.

1. Indicate if the receivership administrator has experience relevant to insurers, HMOs, or other entities in the insurance business in one or more of the following positions. (In this section, the term “receiver” includes an SDR or equivalent position.)

- | | |
|--|--|
| A) A receiver, conservator, or supervisor. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B) A receiver, trustee, independent fiduciary in a proceeding involving insurance. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C) A person with responsibility in a proceeding described in (A) or (B) above. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D) An insurance regulator involved in the management of receiverships. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E) A guaranty association administrator with experience related to receiverships. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

📎 📎 Attach a list of the positions held, including the dates, for at least 10 years work experience identified in question No. 1 above.

📎 📎 Attach a description of any other relevant experience.

📎 📎 List any professional licenses, designations, or certifications held by the receivership administrator.

IV. Certification

This certification must be executed by the applicant's proposed Receivership Administrator.

1. I affirm that the information submitted in this application is true and correct to the best of my personal knowledge and belief.
2. I acknowledge that all the information provided in this application may be released by the commissioner, except as otherwise required by law.
3. I release the commissioner and his or her employees and agents from any liability, claims, and lawsuits with respect to the information submitted in or obtained in connection with this application.

Signature Date

Title

Printed name

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