



TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division, Agent and Adjuster Licensing Office (107-1A)

333 Guadalupe, Austin, Texas 78701 ★ PO Box 12069, Austin, Texas 78711-2069
(512) 676-6500 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

Biographical Form and Certification of License Qualification Following a Change of Control

This form must be completed to identify changes to control of a licensed insurance agency as required by Texas Insurance Code §4001.252-4001.253. Use this form to report new individuals to be associated with a currently licensed insurance agency, individuals to be disassociated from a currently licensed insurance agency, and/or changes to individuals or entities that control a licensed insurance agency. This form also shall be used to certify that the agency satisfies the requirements for the issuance of the license it holds immediately following the disclosed changes. All words and terms used in this form shall have the same meaning as defined in Texas Insurance Code §4001.003.

NAME OF TDI LICENSED ENTITY

TDI ENTITY LICENSE NUMBER

- This is Texas resident entity- Fingerprints are required for each individual listed on biographical application
This is a non-resident entity- Currently licensed in home state (home state is: _____).

OFFICIAL MAILING ADDRESS: This is the official address for all notifications from the department including renewal notice, delivery of original and renewed license, service of process and all correspondence from the department.

STREET, PHYSICAL LOCATION, ROUTE OR P.O BOX NUMBER

CITY STATE / ZIP CODE

BUSINESS ADDRESS: This address is the physical location of an agency's office. This is for reference purposes only, and will not be used for official correspondence from this department.

PHYSICAL LOCATION

CITY STATE / ZIP CODE

Part 1 – Association of Individuals

Fully identify all new executive officers, directors, or partners of the agency who administer the agency's insurance operations in Texas and all new individuals in control of 10% or more of the agency's voting stock. Attach additional pages as necessary. Fingerprints are required for each individual listed, unless the individual has previously submitted fingerprints to the Texas Department of Insurance or one of the exceptions listed below is met. (Check the appropriate box for each individual.) Disclosure of social security numbers is required by Texas Family Code §231.302.

INDIVIDUAL'S LEGAL NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

MAILING ADDRESS

CITY

STATE / ZIP CODE

Resident Non-Resident

- Fingerprint / L1 enrollment Services receipt attached.
Individual has an active TDI license number _____.
Fingerprints previously submitted (date_____).
The above entity and/or the individual is currently licensed in resident state with a license similar to the license applied for on this application

INDIVIDUAL'S LEGAL NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

CITY

STATE / ZIP CODE

Resident Non-Resident

- Fingerprints / L1 enrollment Services receipt attached.
- Individual has an active TDI license number _____ and fingerprints previously submitted.
- Fingerprints previously submitted (date _____).
- The above entity and/or the individual is currently licensed in resident state with a license similar to the license applied for on this application.

INDIVIDUAL'S LEGAL NAME	TITLE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
MAILING ADDRESS	CITY	STATE / ZIP CODE

Resident Non-Resident

- Fingerprints/ IdentoGO by MorphoTrust USA receipt attached.
- Individual has an active TDI license number _____.
- Fingerprints previously submitted (date _____).
- The above entity and/or the individual is currently licensed in resident state with a license similar to the license applied for on this application

Part 2 – Change of Control

2A. Detail any change of control to any entity that directly controls the licensed agency. Disclose all entity and individual control relationships affecting the agency up to the ultimate controlling individual or entity.

DIRECT OWNER OF TDI LICENSED ENTITY	FEIN	CONTACT PHONE NUMBER
ADDRESS/ PHYSICAL LOCATION	CITY	STATE/ZIP CODE

DIRECT OWNER'S OFFICERS / DIRECTORS

OFFICER / DIRECTOR	OFFICER / DIRECTOR	OFFICER / DIRECTOR
OFFICER / DIRECTOR	OFFICER / DIRECTOR	OFFICER / DIRECTOR

2B. Attach to this form a document which discloses all entity and individual control relationships affecting the agency up to the ultimate controlling individual or entity. This disclosure may be in the form of an organization chart naming the entities and individuals showing their relationship to the licensed entity. Provide the name, FEIN, and mailing address of each entity listed on the attached document.

Part 3 – Disassociation / Removal

List each individual to be disassociated from control of the licensed TDI agency. *Copy this form and attach additional pages as needed.*

INDIVIDUAL'S FULL LEGAL NAME	TITLE (AS RELATED TO THE ENTITY)
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INDIVIDUAL'S FULL LEGAL NAME	TITLE (AS RELATED TO THE ENTITY)

Part 4 – Notice About Certain Information Laws and Practices

The following notice must be distributed to all individuals listed on this form:

Notice About Certain Information Laws and Practices

Access and Correction of Personal Information - With few exceptions, you are entitled to be informed about the information that TDI collects about you. Under Sections 552.022 and 552.023 of the Texas Government Code, you have the right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under Section 559.004 of the *Texas Government Code*, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal Program at AgencyCounsel@tdi.texas.gov or review TDI's Corrections Procedures at www.tdi.texas.gov/commissioner/legal/lccorprc.html

Part 5 – Attestation

A licensed officer, director or partner of the licensed entity must read and execute below.

I certify that I have personally and completely answered each of the questions herein and that I have attached to this form all information requested and that these answers and attachments are true and correct to the best of my knowledge and belief. I further certify that I am aware of the provisions of the *Texas Insurance Code* and the rules and regulations promulgated by the Texas Department of Insurance which relate to the license(s) held and the grounds under which such license(s) may be suspended, revoked or non-renewed.

I further certify that each listed or named individual has, to the best of my knowledge and belief, received a true and correct copy of the disclosure entitled **Notice About Certain Information Laws and Practices**.

I further certify that, to the best of my knowledge and belief, immediately following the changes disclosed in this document the agency will be able to satisfy the requirements for issuance of the license to solicit the line or lines of insurance for which it is licensed.

I further certify that, to the best of my knowledge and belief, no individual listed in response to Part 1 of this document has had a license suspended or revoked or been the subject of any other disciplinary action by a financial or insurance regulator of this state, another state, or the United States.

I further certify that to the best of my knowledge and belief, that no individual listed in response to Part 1 of this document has committed an act for which a license may be denied under § 4005.101 of the Texas Insurance Code.

I acknowledge and understand that the officer(s), partners and director(s) of this entity have the duty to inform the Commissioner of Insurance within thirty (30) days of any disciplinary action taken by a financial or insurance regulator of this state, another state, or the United States against the licensed entity or any individual associated with the entity who is required to file biographical information with the Department.

I further acknowledge that the officer(s), partners and director(s) have the duty to update the information contained in the entity's license records, including a change in address, and that failure to do so constitute grounds for revocation, or suspension of its insurance license(s).

SIGNATURE OF OFFICER OR PARTNER OF THE AGENCY

PRINT FULL LEGAL NAME OF SIGNING OFFICER OR PARTNER OF THE AGENCY

The State of _____, §

County of _____, §

Before me, _____, on this day personally appeared
(PRINT NAME OF NOTARY PUBLIC)

_____, known to me (or proved to me
(PRINTED FULL NAME OF SIGNING INDIVIDUAL)

on the oath of _____ or through _____
(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC) (DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this day of _____, A.D. _____.

(Notary Seal)

(NOTARY PUBLIC SIGNATURE)

Notary Public, State of _____