

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

Instructions

Use this form to:

- Report new individuals to be associated with a licensed insurance agency.
- Report individuals to be disassociated with a licensed insurance agency.
- Change individuals or entities that control a licensed insurance agency.

Submit your completed form and required documentation by email to tdi-licadmreview@tdi.texas.gov.

License information

Entity name _____

Entity TDI license number _____

Texas Resident Entity- Fingerprints are required for each individual listed on biographical application

Non-Resident Entity – Currently licensed in home state of _____

Business email address _____

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.

Legal name _____ Title _____

Social security number _____ DOB _____

Address _____

City _____ State _____ ZIP _____

Resident Non-Resident

Fingerprint/Identogo receipt attached

Individual has an active TDI license number

Fingerprints previously submitted on _____

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.

Legal name _____ Title _____

Social security number _____ DOB _____

Address _____

City _____ State _____ ZIP _____

Resident Non-Resident

Fingerprint/Identogo receipt attached

Individual has an active TDI license number

Fingerprints previously submitted on _____

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.

Legal name _____ Title _____

Social security number _____ DOB _____

Address _____

City _____ State _____ ZIP _____

Resident Non-Resident

Fingerprint/Identogo receipt attached

Individual has an active TDI license number

Fingerprints previously submitted on _____

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

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

Direct owner _____ FEIN _____ Phone number _____

Physical Address _____

City _____ State _____ ZIP _____

Direct Owner’s Officers/Directors

Officer / Director _____ Officer / Director _____ Officer / Director _____

Officer / Director _____ Officer / Director _____ Officer / Director _____

- b. Attach to this form a document which disclosed 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.

Legal name _____ Title _____

Legal name _____ Title _____

Legal name _____ Title _____

Part 4 – 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 **“Know your rights.”**
- 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 Section 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).

Signatures:

Signature of officer or partner of the agency _____

Full legal name of signing officer or partner of the agency _____

To be filled out by a notary public:

State of _____ County of _____

Before me, _____ on this day _____

Personally appeared _____ known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized seal)

Notary Public's signature

Send us your form:

Submit your completed form and any required documents by email to tdi-licadmreview@tdi.texas.gov.

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