

CAPTIVE MANAGEMENT COMPANY BIOGRAPHICAL CERTIFICATE

This form must be completed by the Designated Responsible Party associated with a Captive Management Company. Captive Management Company applicants must submit biographical information during registration.

Part I – Biographical Information

Applicant Information: Please read carefully and provide all requested information.

1 Name of Captive Management Company:

PRINT FULL LEGAL NAME

2 Designated Responsible Party's Detailed Information: This application cannot be processed without this information.

FULL LEGAL NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

3 List all other Names that have been or are being used by the Designated Responsible Party:

Individual's Mailing Address:

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

CITY

STATE

ZIP CODE

Contact Information:

TELEPHONE NUMBER (###) ###-####

FAX NUMBER (###) ###-####

EMAIL ADDRESS

Part II – Screening Questions

If you have any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided. If you answer "Yes" to any of the below questions, please attach copies of documentation and separate pages

providing the details including names, contact information, dates, locations, dispositions, or any other pertinent information.

1 Excluding traffic violations and first offense DWI:

a. Do you currently have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against you in Texas, in any other state or by the federal government?

No Yes

b. Have you ever been convicted of any misdemeanor or felony offense in Texas, in any other state or by the federal government?

No Yes

c. Have you ever had adjudication deferred on any misdemeanor or felony charge or offense in Texas, in any other state or by the federal government?

No Yes

d. Have you ever served any period of probation for any misdemeanor or felony offense in Texas, in any other state or by the federal government?

No Yes

*If you answered "Yes" to any of questions 1a-d, you must submit original **certified** copies of the charging document, indictment, information, or any other charging document, judgment of conviction, and/or deferred adjudication order, probation order, order terminating probation, community supervision and/or parole certificate for each and every crime or offense. If the court states they no longer have the records, please have the court provide us with a letter on their letterhead stating that fact. If you were arrested only and not prosecuted, please provide a records search from the appropriate jurisdiction indicating a final disposition. You must submit a statement describing the circumstances leading to the offense(s). You must include your age at the time(s) of the offense(s). You may provide letters of recommendations from any persons in contact with you that are aware of your criminal past.*

2 Have you or has any corporation, partnership, association or firm in which you were a director, officer, shareholder, manager, member or partner, ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or financial regulatory agency, or of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities or financial regulatory laws that you have not previously reported to the Texas Department of Insurance?

No Yes

If you answer "Yes", a registration will not be issued until full details of the administrative or legal action are provided.

3 Are you indebted to any captive insurer, policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for membership refunds, premiums collected, or commissions retained, or have any claims or judgments been filed against you for membership refunds, retaining premiums or commissions?

No Yes

If you answer "Yes", a registration will not be issued until full details of the indebtedness are provided.

4 Have you ever had a captive insurer management contract cancelled for cause (e.g., misrepresentation, misappropriation, etc.)?

No Yes

If you answer "Yes", a registration will not be issued until full details are provided.

5 Fingerprint Receipt: Have you attached your fingerprint receipt? Refer to page 3 and 4.

If you answer "No", explain why your fingerprint receipt is not attached to this form.

No Yes

Part III – Certification

I hereby certify that I, being the Designated Responsible Party named in this application, have personally and completely answered each of the questions herein and that the answers are true and correct to the best of my knowledge and

belief, and that I have attached to this application all information requested. 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 issuance of the registration being applied for and the grounds under which such registration may be denied, suspended, revoked or non-renewed. I certify that the Captive Management Company for which I am seeking registration complies with the requirements of the Texas Insurance Code and regulations promulgated by the Texas Department of Insurance.

SIGNATURE OF DESIGNATED RESPONSIBLE PARTY

PRINT FULL LEGAL NAME

The State of _____, County of _____

Before me _____, on this day personally appeared
(PRINTED NOTARY'S NAME)

_____, known to me (or proved to me
(PRINT 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 _____

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.

Part IV – General Information

Fingerprinting

The application for registration as a Captive Management Company will not be processed until TDI receives your criminal history reports from the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for the individual whose biographical information is being requested under this form in accordance with the Texas Insurance Code §1.503 and §1.504 TDI strongly encourages all individuals to use the electronic fingerprint process. Electronic Fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of applications.

Click this link for detailed information about [Fingerprint Requirements and Instructions](#).

Fingerprints provided for a Biographical Form shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.