



4. Personal Data

a) Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security number \_\_\_\_\_

5. Education and Degree(s)

High School: \_\_\_\_\_

College & Degree: \_\_\_\_\_

Graduate or Professional: \_\_\_\_\_

(List all educational Institutions and locations on additional sheet if necessary)

6. Present Occupation

Position/Title \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_

7. Other positions, directorates or officerships presently held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Complete employment record for the past 10 years(attach additional sheets as necessary):

Dates                      Employer & Address                      Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List all captive management experience (attach additional sheets as necessary):

\_\_\_\_\_

10. Have you ever been indicted and/or convicted of any crime or offence (excluding traffic violations)?

If "YES" Submit full particulars of each case and disposition thereof.

11. Do you currently hold or have you ever held any type of insurance license?

Type

State

Expiration date

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12. Have you ever had a license refused or revoked by an Insurance Department? If so, provide details:

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13. I control directly or indirectly, or own legally or beneficially, 10% or more of the outstanding stock of the following insurers, brokerage firms, insurance services or risk management consultation firms:

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14. I have never been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of an insurer which, while I occupied and such position or capacity with respect to it, became insolvent or was placed in conservatorship, or was enjoined from or ordered to cease and desist from violating any securities or insurance law, except as follows:

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15. The Certificate of Authority or license to do business of any insurance company of which I was an officer or director or key management person has never been suspended or revoked while I occupied such position, except as follows:

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I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_

At: \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Notary Public authorized by the law of the State of

\_\_\_\_\_  
My commission expires on \_\_\_\_\_

**Attach the following:**

Company Information: Financial Statements for the past 3 years and a narrative of the Company's experience in captive management.

Biographical affidavits are required for the Captive Manager ("applicant") and the individuals the applicant has determined will be working directly with their captive client(s) and our Department regarding proposed or licensed captives in Arkansas.

The NAIC affidavit form can be found at:

<https://content.naic.org/sites/default/files/ucaa-industry-naic-biographical-affidavit.pdf>

Proof of Bond or other form of financial responsibility.

We are looking to see if the applicant is covered by a financial bond or other liability policies such as an E&O, D&O or a fidelity crime policy to protect the applicant from financial harm and related risks when clients could file lawsuits against them.

Generally, what is submitted as proof is a copy of the certificate of liability form evidencing that a policy is in place or a copy of the financial bond.

List of captive insurance company clients, domicile, date licensed and current status.