

MARYLAND INSURANCE ADMINISTRATION TITLE INSURANCE PRODUCER FIRM BIOGRAPHICAL AFFIDAVIT

GENERAL INSTRUCTIONS:

Pursuant to Section §10-121(d) of the Insurance Article, this affidavit must be submitted by business entities such as Corporations, Limited Liability Companies, and Partnerships applying for an initial PRODUCER license with the TITLE line of authority, renewing/reinstating an existing PRODUCER license with the TITLE line of authority, or by any existing business entity or organization making additions or changes to any previously submitted affiant information. Please call the Maryland Insurance Administration at 1-800-492-6116 toll-free with any questions regarding this form.

Please return the original form only. Make a photocopy of this form for your records. Mail your completed form and payment to: Maryland Insurance Administration, Producer Licensing Department, 200 St. Paul Place, Suite 2700 Baltimore, MD 21202-2272.

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

1. APPLICANT INFORMATION

Entity Type (Place an "X" in the appropriate box)	
<input type="checkbox"/> Corporation	<p>Each controlling owner and each officer and director of the corporate applicant. An officer is any individual who has general control of the management of the affairs and/or funds of the corporation.</p> <p>A controlling owner is defined as:</p> <ul style="list-style-type: none"> • a person who manages or has day-to-day control over the operation of the corporation, or • is an officer, director, or employee of the corporation who in any other way renders services for the corporation for which the person is compensated by the corporation.
<input type="checkbox"/> Limited Liability Company	<p>Each individual who has direct control over its fiscal management and each member, manager, officer, and director of the limited liability company applicant.</p> <p>An officer is any individual who has general control of the management of the affairs and/or funds of the limited liability company.</p> <p>Fiscal Management means controlling, directing, monitoring, organizing, supervising, or utilizing the financial activities or monetary resources of the business entity.</p>
<input type="checkbox"/> Partnership	Each partner of the partnership applicant.

Demographic Information of entity for which affidavit is being submitted.

Entity Name:			
Entity Maryland License Number: (If Applicable)			
Entity Business Address Line 1:			
Entity Business Address Line 2:			
Entity Business Address Line 3 :			
City:	State:	Zip Code:	
Entity Phone:		Entity Fax:	

2. AFFIANT'S INFORMATION

2a. In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

Affiant's Full Name:			
Affiant's Social Security Number:		Affiant's Date of Birth:	
If you currently hold a license issued by the Maryland Insurance Administration what is your license number? Please see **			
Affiant's Place of Birth: (City, State, Country)			
Are you a citizen of the United States:		*If "NO", what country?	
Affiant's Government Identification Number, if not a US Citizen:			
Affiant's Foreign Student Identification Number (if applicable):			
Affiant's Occupation or Profession:			
Affiant's present or proposed position with the applicant entity:			
Affiant's Business Address Line 1:			

** If you do not currently hold a license and you have not already done so, please submit an initial producer license application requesting the Title line of authority via NIPR at www.nipr.com.

2. AFFIANT'S INFORMATION (cont.)

Affiant's Business Address Line 2:					
Affiant's Business Address Line 3 :					
City:		State:		Zip Code:	
Entity Phone:				Entity Fax:	
Entity Email Address:					

2b. Has Affiant ever used any other name including nicknames, maiden names, or aliases? YES NO If yes, give the reason, if none indicate such, and provide the full name(s) and date(s) used. Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

Beginning – End Date(s) Used -	Name(s):	Reason (If none, indicate such)
Beginning – End Date(s) Used -	Name(s):	Reason (If none, indicate such)

2c. List Affiant's residences for the last ten (10) years starting with your current address. Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Beginning – End Date(s) -	Address
Beginning – End Date(s) -	Address
Beginning – End Date(s) -	Address

2d. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN.

<u>Organization/Issuer of License</u>	<u>Address</u>	<u>Phone</u>
<u>License Type</u>	<u>License Number</u>	<u>License Issue Date</u>
		<u>License Expiration Date</u>

<u>Organization/Issuer of License</u>	<u>Address</u>	<u>Phone</u>
<u>License Type</u>	<u>License Number</u>	<u>License Issue Date</u>
		<u>License Expiration Date</u>

2e. (Initial Applicants Only)**

List complete employment record for the past ten (10) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Employment Beginning – End Dates (MM/YY)	–	Employer’s Name:	
Employer’s Address Line 1:			
Employer’s Address Line 2:			
Employer’s Address Line 3:			
City:		State:	Zip Code:
Entity Phone:		Entity Fax:	
Positions Held:		Supervisor/Contact:	

Employment Beginning – End Dates (MM/YY)	–	Employer’s Name:	
Employer’s Address Line 1:			
Employer’s Address Line 2:			
Employer’s Address Line 3:			
City:		State:	Zip Code:
Entity Phone:		Entity Fax:	
Positions Held:		Supervisor/Contact:	

Employment Beginning – End Dates (MM/YY)	–	Employer’s Name:	
Employer’s Address Line 1:			
Employer’s Address Line 2:			
Employer’s Address Line 3:			
City:		State:	Zip Code:
Entity Phone:		Entity Fax:	
Positions Held:		Supervisor/Contact:	

Employment Beginning – End Dates (MM/YY)	–	Employer’s Name:	
Employer’s Address Line 1:			
Employer’s Address Line 2:			
Employer’s Address Line 3:			
City:		State:	Zip Code:
Entity Phone:		Entity Fax:	
Positions Held:		Supervisor/Contact:	

Employment Beginning – End Dates (MM/YY)	–	Employer’s Name:	
Employer’s Address Line 1:			
Employer’s Address Line 2:			
Employer’s Address Line 3:			
City:		State:	Zip Code:
Entity Phone:		Entity Fax:	
Positions Held:		Supervisor/Contact:	

3. AFFIANT'S BACKGROUND SCREENING QUESTIONS AND INFORMATION

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

<p>a. Have you ever been in a position which required a fidelity bond? If any claims were made on the bond, list the bond company name and bond number below and attach details.</p> <p>Bond Company Name: _____</p> <p>Bond Number: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, list the bond company name and bond number below and attach details.</p> <p>Bond Company Name: _____</p> <p>Bond Number: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond “no” to the question. Have you ever:

<p>c. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>d. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>e. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>f. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>g. Pled guilty, or nolo contendere, or been convicted of, any criminal offense other than civil traffic offenses?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>h. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>i. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>j. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>k. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>l. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>m. Have you ever been adjudged a bankrupt?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If the response to any question above is answered “Yes”, please attach details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

<p>n. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>o. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>p. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>q. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. If any of the stock is pledged or hypothecated in any way, attach details.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>r. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is “Yes”, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. If any of the stock is pledged or hypothecated in any way, attach details.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____

[insert firm name] (“Firm”) for licensure with the Maryland Insurance Administration. Firm desires to procure a consumer or investigative consumer report (or both)(“Background Reports”) regarding your background for review by the Maryland Insurance Administration during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Firm or of any business entities affiliated with Firm (“Term of Affiliation”) for which a Background Report is required by the Maryland Insurance Administration. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Firm. To obtain contact information regarding CRA or to submit a written request for more information, contact _____

[insert firm’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Firm as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to the Maryland Insurance Administration, and to the Firm, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Firm and that Firm will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

Dated and signed this _____ day of _____, 20__ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By

_____, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires