

MARYLAND INSURANCE ADMINISTRATION TITLE INSURANCE PRODUCER FIRM APPLICATION PACKET CHECKLIST

- Please ensure that all of the items listed below are included with your application when it is submitted. Application Packets that do not contain ALL necessary documentation and forms will not be processed.
- If you have any questions or need additional information please contact the producer licensing customer service line at 1-888-204-6198 or email producerlicensing@maryland.gov.

<input type="checkbox"/>	UNIFORM APPLICATION FOR BUSINESS ENTITY
<input type="checkbox"/>	MARYLAND INSURANCE ADMINISTRATION SUPPLEMENT
BIOGRAPHICAL AFFIDAVIT FOR: (SELECT ENTITY TYPE AND SUBMIT COMPLETE AFFIDAVIT FOR EACH REQUIRED INDIVIDUAL)	<p><input type="checkbox"/> CORPORATION - Each controlling owner and each officer and director of the corporate applicant.</p> <p>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.
	<p><input type="checkbox"/> LIMITED LIABILITY COMPANY - 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>
	<p><input type="checkbox"/> PARTNERSHIP - Each partner of the partnership applicant.</p>
<input type="checkbox"/>	TITLE SURETY BOND or TITLE LETTER OF CREDIT
<input type="checkbox"/>	TITLE FIDELITY BOND OR BOND WAIVER
TITLE INSURANCE PRODUCER AFFIDAVIT (SELECT ONE)	<input type="checkbox"/> AFFIDAVIT OF TITLE INSURANCE PRODUCER APPLICANT <input type="checkbox"/> AFFIDAVIT OF TITLE INSURANCE PRODUCER APPLICANT (TITLE INSURANCE PRODUCER INDEPENDENT CONTRACTOR)
APPLICATION FEE: (SELECT ONE)	<input type="checkbox"/> INITIAL = \$54 <input type="checkbox"/> RENEWAL = \$69 (Includes \$15 fraud prevention fee) <input type="checkbox"/> LATE RENEWAL = \$169 (Includes \$15 fraud prevention fee)

References for Title Insurance Producers: Annotated Code of Maryland, Insurance Article (“the Insurance Article”)

Title Insurance Producer – Definitions, License Required, Bond Required	Insurance §§10-101,10-103, 10-121
Title Insurance Producer Independent Contractor (TIPIC)	Insurance §10-121.1
Submission of Biographical Affidavit	Insurance §10-121(d)
Title Insurance Producer Independent Contractors – Attorneys and law firms engaged in title insurance work.	Insurance §10-125

Website Links

Maryland Insurance Administration	www.mdinsurance.state.md.us
Maryland Insurance Administration- Title Insurance Producer Information Page	http://www.mdinsurance.state.md.us/sa/producer/title-insurance-producers.html
Maryland Affordable Housing Trust (MAHT) Notice to Title Producers:	http://www.mdinsurance.state.md.us/sa/producer/title-insurance-producers.html

**Uniform Application for
Maryland Insurance Administration
Title Insurance Producer
Business Entity Insurance License/Registration**

Check appropriate box for license requested.

Resident License

Non-Resident License

o Identify Home State: _____

o Identify Home State License #: _____

Corporation

Limited Liability Company

Partnership

Sole Proprietor

Demographic Information

1 Business Entity Name		2 Incorporation/Formation Date (month) ___ (day) ___ (year) ____		3 FEIN -	
4 If assigned, National Producer Number (NP#)			5 If applicable, FINRA Firm Central Registration Depository (CRD)		
6 List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			7 State of Domicile		8 Country of Domicile
9 Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
10 Business Address		11 City		12 State	13 Zip Code
15 Phone Number (include extension) () -		16 Fax Number () -		18 Business E-Mail Address	
17 Business Web Site Address		14 Foreign Country			
19 Mailing Address		20 P.O. Box	21 City	22 State	23 Zip Code
				24 Foreign Country	

Designated/Responsible Licensed Producer

25 Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at www.nipr.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____	SSN _____	- -	NPN _____
Name _____	SSN _____	- -	NPN _____
Name _____	SSN _____	- -	NPN _____
Name _____	SSN _____	- -	NPN _____

Owners, Partners, Officers and Directors

26 Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No	% of ownership interest _____

(State Use)

**Uniform Application for
Maryland Insurance Administration
Title Insurance Producer
Business Entity Insurance License/Registration**

Background Information

29 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

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ADDITIONAL INFORMATION

1. TITLE FIDELITY BOND INFORMATION

All applicants applying for the Title line of insurance must submit a copy of the original **\$150,000** Fidelity bond (see the Maryland Insurance Administration Title Fidelity Bond Form) with this application. Complete the questions below with your Title Fidelity bond information.

1A. *TITLE FIDELITY BOND

INSURANCE COMPANY NAME:

1B. *TITLE FIDELITY BOND NUMBER:

1C. *TITLE FIDELITY BOND ISSUE DATE (MM-DD-YYYY):

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2. TITLE SURETY BOND / LETTER OF CREDIT INFORMATION

All applicants applying for the Title line of insurance must submit 1) a copy of the original **\$150,000** surety bond (see the Maryland Insurance Administration Title Surety Bond Form) and a concurrently dated Power of Attorney **or** 2) a letter of credit (see the Maryland Insurance Administration Letter of Credit Form) with this application. Complete the questions below with your Title Surety bond information.

2A. *Are you submitting a Letter of Credit instead of a Surety Bond?
If YES, please enter your Letter of Credit information below.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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2B. *TITLE SURETY BOND INSURANCE COMPANY/
LETTER OF CREDIT BANK NAME:

2C. *TITLE SURETY BOND/ LETTER OF CREDIT NUMBER:

2D. *TITLE SURETY BOND/ LETTER OF CREDIT ISSUE DATE (MM-DD-YYYY):

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3. MARYLAND AFFORDABLE HOUSING TRUST (MAHT) INFORMATION

Pursuant to the **Code of Maryland Regulations (“COMAR”) 31.16.03.06**, a yearly report is required to be filed with the Maryland Affordable Housing Trust (“MAHT”) by every owner or designated responsible producer of a Maryland licensed title insurance producer firm if certain criteria are met. This report must be filed on or before March 31 for the immediately preceding calendar year. Please see **Maryland Affordable Housing Trust: Materials for Title Companies and Financial Institutions** for specific requirements and instructions for completing a MAHT ACCOUNT ENROLLMENT PACKET, filing the annual report, and determining whether the funds from a single transaction meet certain criteria and must be deposited into a MAHT interest bearing account.

Are you compliant with this requirement?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4. APPLICATION CERTIFICATION / ATTESTATION

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to which this application is made to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City / State / Zip

MARYLAND INSURANCE ADMINISTRATION TITLE SURETY BOND

Bond Number _____

KNOW ALL MEN BY THESE PRESENT; THAT

of _____

State of _____ (hereafter called "Principal"), as Principal has applied to the Insurance Commissioner of the State of Maryland for a license as Title Producer, said license is required by the Insurance Laws of Maryland to give a bond in the penalty below and conditioned hereinafter set forth; and

with its principal office located at _____

a corporation authorized to do surety business in the state of Maryland (hereinafter called "Surety") as Surety, ARE HELD AND FIRMLY BOUND unto the State of Maryland as Obligee, and any unknown third party, in full and just sum of \$150,000 (ONE HUNDRED FIFTY THOUSAND DOLLARS) to the payment of which well and truly to be made the Principal and Surety hereby bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these present. Regardless of the number of years or license periods this bond remains in effect, the number of premiums paid or the number of claims made, the total aggregate liability of the surety shall not exceed the penal sum of the bond.

PROVIDED, HOWEVER, THAT THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that if the above bounded Principal shall truly account for and pay over to the person or corporation entitled to receive the same, all money belonging to such person or corporation which may, during the term of said license, come into the hands of said Principal as such Title Insurance Producer or the employees or agents of Principal, including Title Insurance Producer Independent Contractors during the course of providing service for or on behalf of the Principal, or while providing any escrow, closing, or settlement service, then this obligation shall be void, otherwise of full force and effect;

AND FURTHER PROVIDED, That the Surety may, without prejudice to any liability accrued, prior to such cancellation, cancel such bond upon thirty (30) days' written notice filed with the Insurance Commissioner of the State of Maryland and a copy thereof mailed to the Principal.

Signed, sealed and dated this _____ day of _____, 20____.

As Witness:

By: _____ By: _____ (L.S.)

Witness Principal

Test as to Surety and Its Corporate Seal

By: _____ By: _____

Witness

Attorney-in-Fact

NOTICE TO SURETY COMPANIES AND PRINCIPAL: Be sure a concurrently dated Power of Attorney is attached to this bond, and all signatures are affixed.

MARYLAND INSURANCE ADMINISTRATION TITLE LETTER OF CREDIT

BENEFICIARY:

MARYLAND INSURANCE ADMINISTRATION

PRODUCER:

(NAME) _____

ADDRESS: _____

IRREVOCABLE LETTER of CREDIT NUMBER: _____

AMOUNT: \$ _____

ISSUE DATE: _____

EXPIRATION: _____

We hereby establish our Irrevocable Letter of Credit Number _____

in your favor for the account of _____

in the amount of \$150,000 available upon presentation of your draft(s) at sight drawn on the

(bank name) _____ located at _____, and accompanied by:

1. A letter executed by an authorized official of the Maryland Insurance Administration stating that

(producer name) _____

has failed to perform his obligation while acting as a Title insurance producer or while providing any escrow, closing or settlement services and has caused any person to suffer a loss covered by the Insurance Laws of Maryland and that such failure entitles the State of Maryland, Maryland Insurance Administration, to draw on Irrevocable Letter of Credit Number _____.

2. Original of this Irrevocable Letter of Credit:

We engage with you that draft(s) drawn under and in accordance with the terms of this Letter of Credit shall be duly honored upon presentation and delivery of documents as specified above if drawn and negotiated on or before the expiration date indicated above.

Draft(s) must be marked "Drawn on" (bank name) _____

Irrevocable Letter of Credit Number _____

It is a condition of the Letter of Credit that it shall be deemed automatically extended without amendment for one (1) year from the present or any future expiration date unless thirty (30) days prior to such expiration date you are notified by certified mail that we elect not to consider this Letter of Credit renewed for any such additional period.

Except as expressly stated herein, this undertaking is not subject to any condition or qualification. The

obligation of (bank name) _____ under this Letter of Credit shall be the individual obligation

of (bank name) _____ in no way contingent upon reimbursement with respect thereto.

Except so far as otherwise stated, this Irrevocable Letter of Credit is subject to the "Uniform Customs and Practice for Documentary Credit" (2007 Revision), International Chamber of Commerce publication number 400.

_____ By: _____

(Bank Name)

(Authorized Signature) (Title)

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)	Affidavit Required for:
<input type="checkbox"/> Corporation	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. A controlling owner is defined as: <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	Each individual who has direct control over its fiscal management and each member, manager, officer, and director of the limited liability company applicant. An officer is any individual who has general control of the management of the affairs and/or funds of the limited liability company. Fiscal Management means controlling, directing, monitoring, organizing, supervising, or utilizing the financial activities or monetary resources of the business entity.
<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:			
Affiant's Maryland License Number: (If Applicable)					
Affiant's Place of Birth: (City, State, Country)					
Are you a citizen of the United States:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	*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:					

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