

INSURANCE DEPARTMENT
STATE OF DELAWARE
841 SILVER LAKE BLVD.
DOVER, DE 19904

BIOGRAPHICAL QUESTIONNAIRE FOR PREMIUM FINANCE COMPANIES

- (1) COMPANYNAME: _____
- (2) OFFICE HELD: _____
- (3) INDIVIDUAL'SNAME: _____
- DATE OF BIRTH: _____ PLACE OF BIRTH: _____
- (4) CURRENT RESIDENTIAL ADDRESS: _____
- (5) CURRENT BUSINESS ADDRESS: _____
- (6) RESIDENTIAL ADDRESS FOR PAST FIVE YEARS:
- (A) _____
- (B) _____
- (C) _____
- (D) _____
- (E) _____
- (7) EDUCATION (BEYOND HIGH SCHOOL):
- _____
- _____
- _____
- (8) EMPLOYMENT HISTORY. (BEGINNING WITH CURRENT EMPLOYER, TRACE BACK COMPLETE HISTORY. SHOW DATES OF EMPLOYMENT, NAME AND ADDRESS OF COMPANY, POSITION HELD AND DUTIES).
- _____
- _____
- _____

BIOGRAPHICAL QUESTIONNAIRE FOR PREMIUM COMPANIES

- (9) LIST ANY OTHER COMPANIES YOU NOW SERVE, OR WITHIN THE PAST FIVE YEARS HAVE SERVED, AS EITHER AN OFFICER OR DIRECTOR. (LIST COMPANY, POSITION AND DATES)
- _____
- _____
- _____
- _____
- _____

(10) HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL VIOLATION (OTHER THAN A TRAFFIC OFFENSE AT ANY TIME? IF "YES," PROVIDE COMPLETE DETAILS.

(11) HAVE YOU EVER HELD ANY OTHER LICENSE (EXCEPT A DRIVER'S LICENSE)? _____ (IF "YES," PROVIDE DETAILS AS TO ANY SUCH LICENSE WHICH WAS EVER SUSPENDED, REVOKED OR RENEWAL REFUSED.

(12) HAVE YOU EVER BEEN CHARGED BY ANY REGULATORY AGENCY, CITY, COUNTY, STATE OR FEDERAL, WITH HAVING VIOLATED ANY LAWS, RULES OR REGULATIONS? HAS ANY COMPANY BEEN SO CHARGED, ALLEGEDLY AS A RESULT OF ANY ACTION OR CONDUCT ON YOUR PART? _____ IF "YES," AS TO EITHER, SUBMIT FULL DETAILS INCLUDING DISPOSITION OF CHARGE.

DATE: _____

SIGNATURE

STATE OF _____)
COUNTY _____) SS

ON THE _____ DAY OF _____, _____, BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE AND COUNTY AFORESAID, PERSONALLY APPEARED _____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE AFOREGOING AND DID MAKE OATH IN DUE FORM OF LAW THAT THE MATTERS AND FACTS CONTAINED IN THE AFOREGOING RESUME ARE TRUE AND CORRECT.

NOTARY PUBLIC