

**INDIVIDUAL AFFIDAVIT**

CDI-017 (Rev. 11/2015)

See [Affidavit Instructions](#) for completing affidavit

Name of Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Application: \_\_\_\_\_

For the purpose of this Affidavit, the term "insurance" or "insurer" shall include:

- 1. Insurers
- 2. Reinsurers
- 3. Underwritten Title Companies
- 4. Motor Clubs
- 5. Reciprocal Insurers or Interinsurance Exchanges
- 6. Attorneys-In-Fact
- 7. Fraternal Benefit Societies
- 8. Grants and Annuities Societies
- 9. Insurance Agencies or Brokerages
- 10. Home Protection Companies
- 11. Life Settlement Companies

1. Name: \_\_\_\_\_  
Last First Middle Title or Position

2. Have you ever used another name?  Yes  No

If yes, list **all** names used:

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Last First Middle

3. Sex Male  Female

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
County State Country

5. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

6. Are you a citizen of a country other than the United States?  Yes  No

If yes, what country? \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_

8. Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

9. Have you or your spouse even been affiliated or associated with or in any way connected with an insurance entity regulated by **any** Department of Insurance?  Yes  No

If yes, list **all** such entities and the State of Domicile.

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

10. Name of Spouse, if applicable: \_\_\_\_\_  
Last First Middle

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11. Has your spouse ever used another name?  Yes  No

If yes, list all names:

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

12. Education. Please list the most recent education first.

College/University	Location	Dates Attended	Degree
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. List Membership in Professional Societies or Associations:

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

14. I own (legally or beneficially) and/or control (directly or indirectly) 10% or more of the outstanding capital stock of the following insurer(s):

Name	Address
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_____	_____
_____	_____
_____	_____

15. Business and Employment record for the past ten (10) years. Please list the most recent first.

Dates	Employers Name	Address and Telephone	Office/Positions
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Residences for the past ten (10) years. Please list your current address first.

Dates	Address	City	County	State	Telephone
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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17. Have you ever filed for Bankruptcy?  Yes  No

If yes, please give the following details:

Date filed	Date discharged	Type of Bankruptcy	Location of Filing
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_____	_____	_____	_____
_____	_____	_____	_____

18. Have you ever, anywhere, or anytime: forfeited bail, been convicted, fined, or placed on probation for any violation of the law other than for minor traffic offenses?  Yes  No

If any of these events have occurred, please list:

Date of Arrest	Place of Arrest	Offense	Disposition
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Have you ever been found in violation of, pled no contest to, or settled any proceeding involving Insurance law, regulation or rule, or State of Federal securities laws, regulations or rules?  Yes  No

If any of these events have occurred, please list:

Date of Violation	Place of Violation	Violation	Disposition
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_____	_____	_____	_____
_____	_____	_____	_____

20. During the past ten (10) years, have you ever held any professional, occupational and/or vocational licenses?  Yes  No

If yes, please list:

Issue Date	Expiration Date	License Type	Name and address of Issuing Authority
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. During the past ten (10) years, have you ever been refused a professional, occupational and/or vocational license, or has any such license held by you ever been suspended or revoked?  Yes  No

(If your answer is yes, explain in the space below or on an attached addendum.)

_____
_____
_____
_____

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22. Have you ever been named a defendant in a suit or administrative hearing brought by any public or governmental licensing agency or regulatory authority for violation of, or to prevent the violation of, any securities or insurance law?  Yes  No

If yes, please list:

Date	Nature of the Action	Name of Accusing Party	Address	Disposition

23. Have you ever been found liable in a civil action for fraud?  Yes  No

If yes, please list:

Date	Nature of the Action	Name of Accusing Party	Address	Disposition

24. Have you ever been the subject of a cease and desist order, or entered into a settlement with any State or Federal regulatory agency?  Yes  No

If yes, please list:

Date	Nature of the Action	Name of Accusing Party	Address	Disposition

25. Within the past ten (10) years, has any insurer of which you were an officer, director, trustee, managing general agent, investment committee member or controlling stockholder ever become insolvent, placed in conservatorship, receivership, liquidation, or ordered to cease and desist doing business in whole or in part, or had its Certificate of Authority/License suspended, revoked or denied, or voluntarily withdrawn its application for a Certificate of Authority?  Yes  No

If yes, please list:

Date	Nature of the Action	Name of Accusing Party	Address	Disposition

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26. Within the past ten (10) years, have you been an officer, director, controlling stockholder, trustee, partner or owner of any organization that has been the subject of conservatorship, liquidation or other receivership proceeding by a State or Federal Agency?  Yes  No

If yes, please list:                      Position within the Organization: \_\_\_\_\_

Date	Nature of the Action	Name of the Organization	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

27. **(Complete For Securities Permit Only)** Have the shares in the original issue (the subject of this organizational permit), subscribed to by you as a member of the groups consisting of promoters, organizers, initial officers and directors, been purchased with funds that are now, or will at the time of purchase be your property without any other person having any legal, equitable or security interest in said shares, after purchase?  Yes  No

(If your answer is No, in the space below provide the name and address of the person or persons having such interest.)

Name	Address
_____	_____
_____	_____
_____	_____

I, the undersigned affiant, under the laws of the State of California, do declare that I have carefully examined each of the questions asked in this **Individual Affidavit** and each of my responses thereto, and do solemnly swear or affirm that all of my responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

at (City) \_\_\_\_\_ (State) \_\_\_\_\_.

Signature ► \_\_\_\_\_