STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE

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

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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

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

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

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

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

Dates	Address	City	County	State	Telephone

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

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

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

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

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.)

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

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 ►_____