



Managing General Agent Biographical Questionnaire

If an insurer is a domestic insurer and its managing general agent ("MGA") does not have a New York insurance agent license, then the domestic insurer must submit an MGA biographical questionnaire for each officer, director, partner, member, manager, and owner with at least a 10% economic interest or voting interest in the MGA.

If more space is required to answer a question, then please attach a separate document with the responsive information. If the answer to any question is "none" or if the question is not applicable, then so indicate.

1. Insurer's Name: \_\_\_\_\_ 2. NAIC No.: \_\_\_\_\_

3. Officer's/Director's/Partner's/Member's/Manager's/Owner's Name: \_\_\_\_\_

4a. Alias, if any: \_\_\_\_\_

b. State reason for alias: \_\_\_\_\_

5a. Was your name legally changed? Yes [ ] No [ ]

b. If yes, please explain the reason for the change: \_\_\_\_\_

c. If yes, list the name and location of the court where the change was made: \_\_\_\_\_

6. Date of Birth: \_\_/\_\_/\_\_\_\_ 7. City, State, and Country of Birth: \_\_\_\_\_

7a. Are you a U.S. citizen? Yes [ ] No [ ]

b. If you were born in another country, set forth the date you became a U.S. citizen: \_\_/\_\_/\_\_\_\_

8. List the addresses of your residences for the last ten years, starting with the address of your current residence:

Date Range, Street Address, City, State, Zip, Country

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9. List any state or country not included in response to question 8 in which you resided for more than six months:

Date Range, Street Address, City, State, Zip, Country

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10. Business telephone no.: \_\_\_\_\_ Home telephone no.: \_\_\_\_\_

11. Business email address: \_\_\_\_\_ Personal email address: \_\_\_\_\_

12. List your education history. Include the dates you attended the educational institution; name and location of the educational institution; your major, if applicable; when you graduated; and the degree earned.

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate Studies: \_\_\_\_\_

Other: \_\_\_\_\_

13a. Are you a member of any professional associations or societies? Yes [ ] No [ ]

b. If yes, list the names of the professional associations or societies: \_\_\_\_\_

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14a. Other than traffic infractions, is there now pending against you any criminal action? Yes [ ] No [ ]

b. If yes, then give full particulars: \_\_\_\_\_

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15a. Other than traffic infractions and other adjudications as a youthful offender or as a juvenile delinquent or a person in need of supervision, have you been convicted of any criminal action? Yes [ ] No [ ]

b. If yes, then give full particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you or a firm, association, or corporation in which you are or were an officer, director, partner, member, manager, or owner with at least a 10% economic interest or voting interest ever:

(a) been charged with any wrongdoing by any government agency or authority? Yes [ ] No [ ]

(b) been discharged by or had a contract of agency terminated by any insurer or employer? Yes [ ] No [ ]

(c) been charged in any capacity whatsoever with irregularities in monetary or any other transactions? Yes [ ] No [ ]

(d) compromised liabilities with creditors; been insolvent, adjudged Bankrupt, or placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? Yes [ ] No [ ]

(e) been refused or voluntarily withdrawn an application for a license or certificate of authority or had an existing one suspended or revoked by an insurance department, or by any state or governmental agency or authority? Yes [ ] No [ ]

(f) been fined for other than traffic infractions by any state or governmental agency or authority? Yes [ ] No [ ]

(g) had any judgments that have remained unsatisfied? Yes [ ] No [ ]

(h) been involved as a defendant in any lawsuit involving fiduciary funds? Yes [ ] No [ ]

If you answered yes to any of the questions above, then give full particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. List your work experience in chronological order, starting with your current employer. Include your occupation, employment, or business; position held; dates you held the position; name and address of employer (if self-employed, so state); and the reason you left that employer.

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18a. Are you, or have you ever been licensed by any governmental agency? Yes [ ] No [ ]

b. If yes, then set forth the type of license; license number; whether the license was ever revoked, suspended, or otherwise terminated; and the date and reason for the revocation, suspension, or termination: \_\_\_\_\_

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19a. Are you or will you be a director of the MGA? Yes [ ] No [ ]

b. If yes, then:

(i) do you or will you receive any remuneration from the company? Yes [ ] No [ ]

(ii) are you, or do you intend to be active? Yes [ ] No [ ]

(iii) do you or will you serve on any committees? Yes [ ] No [ ]

If yes, then give details: \_\_\_\_\_

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20a. Are you, or have you ever been a director of any other corporation? Yes [ ] No [ ]

b. If yes, then identify all the corporations: \_\_\_\_\_

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21a. Are you, your spouse, or your children an officer, director, partner, member, manager, or owner with at least a 10% economic interest or voting interest in, or do you, your spouse, or your children own or control, directly or indirectly, any insurer, insurance agent, insurance broker, or reinsurance intermediary or any entity that owns or controls such insurer, insurance agent, insurance broker, or reinsurance intermediary, or have the right to own or control the foregoing

through the exercise of options, warrants, or rights through the conversion of convertible securities? Yes [ ] No [ ]

b. If yes, then:

(i) identify the holdings, number of shares, and percentage of outstanding shares: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) provide full details if any of the above stock is pledged or hypothecated in any way: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iii) if indirectly owned or controlled, name or identify the entity, such as a partnership, corporation, trust, or other entity, through which the stock options, warrants, rights, or convertible securities are indirectly owned and state the entire amount of stock owned by the entities and the extent of the applicant's interest in such entities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. List any group, association or other organization of insurers that engages in joint underwriting or joint reinsurance in which you are MGA and identify its members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

Affiant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_