



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER
Ralph T. Hudgens, Commissioner



2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone: 404-656-7556 ♦ Fax: 770-344-5798 ♦ E-mail: TBrewster@oci.ga.gov

www.oci.ga.gov

BIOGRAPHICAL QUESTIONNAIRE FOR PREPAID LEGAL SERVICES SPONSOR

**NON-TRADITIONAL
 LIMITED RISK ENTITIES
 GID-041-NT JAN2014**

1. Sponsor Name: _____

2. Type of business organization: (Corporation, Partnership, Sole Proprietorship, other)

3. Individual's Name completing this form:
 Date of Birth: _____ Place of Birth: _____
4. Office Held: _____

5. Current Residential Address: _____
6. Current Business Address: _____

7. Residential addresses for the past five (5) years:
 (a) _____
 (b) _____
 (c) _____
 (d) _____
 (e) _____

8. Education (beyond secondary schools):

9. Employment History: (In reverse chronological order; show dates of employment, name and address of company, position held and duties)

10. List any other companies which you now serve, or within the past five (5) years have served, as either an officer or director (list company, position and dates).

11. Have you EVER been charged with a criminal violation (other than a minor traffic offense) at any time?

Yes* No

*If Yes, provide complete details and certified court records:

12. Have you ever held any other license (except a driver's license)?

Yes* No

*If yes, provide details as to any such license which was ever suspended, revoked or renewal refused:

13. (a) Have you been charged by ANY regulatory agency (including state bars or other attorney regulatory agency), City, County, State or Federal, with having violated any laws, rules or regulations?

Yes* No

(b) Has any company with which you have been affiliated been so charged, either allegedly or otherwise, as a result of any action or conduct on your part?

Yes* No

* If yes, as to either (a) or (b), submit full details and certified court records:

(Date)

Signature

EXECUTED in the presence of _____
(Notary Public or other qualified Officer)

of _____ in the State of _____ this _____ day of _____,
(County)

(SEAL)

Commission Expiration Date