



Texas Department of Insurance

Financial Regulation Division – Company Licensing and Registration Office, Mail Code 305-2C

333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

512-322-3507 telephone • 512-490-1035 fax • www.tdi.texas.gov

CCRC Form #4

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

BIOGRAPHICAL DATA FORM

(Print or Type)

Full Name and Address of Continuing Care Retirement Community (CCRC):

(Do Not Use Group Names)

ATTACH ADDENDUM OR SEPARATE SHEET IF SPACE HEREON IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY. IF ANSWER IS “NONE” OR “NOT APPLICABLE,” SO STATE. EACH QUESTION MUST BE ANSWERED AS INDICATED AND ORIGINAL SIGNATURES ARE REQUIRED.

1. Full Legal Name: _____
Residence Address: _____
Business Address: _____
Marital Status: _____

2. Have you ever had your name changed? _____
Reason for change: _____
Other names used at any time: _____

3. Date of Birth: _____ Place of Birth: _____

4. Social Security Number*: _____

5. Education: (List names of schools, locations and dates attended)
High School _____
College _____
Graduate or Professional Degrees: (List) _____

*Refer to P.L. 93-579, Disclosure of Social Security Account Number.

6. Member of Professional Societies or Associations: (List) _____

7. Present or Proposed Position with Applicant: _____

How long with this CCRC? _____

8. Complete Employment Record for Past 20 years: include jobs, positions, directorates or officerships.

Present employer may be contacted YES NO (Circle One)

Former employers may be contacted YES NO (Circle One)

9. How many shares of stock do you or your spouse own in the CCRC? _____ Are any such shares pledged as collateral? _____ If so, to whom? _____

10. Do you or your spouse own stock of 10% or more interest in any sole proprietorship, partnership, or corporation? _____ If so, list the name of the company or companies and the percentage of the total number of shares owned in each: _____

11. Are there any transactions anticipated between any sole proprietorship, partnership or corporation and the CCRC in which you may have a 10% interest? _____ If "Yes", briefly describe the transaction. _____

12. Have you or your spouse ever been associated with any other CCRC or insurance company? _____ If so, please explain in detail. _____

13. Have you or your spouse ever been adjudicated as bankrupt? _____ If so, please explain in detail.

14. Have you ever been indicted or convicted for embezzlement, theft or larceny, mail fraud, or for any other criminal offense, or for violating any corporate securities statute or any insurance law, or have you been the subject of a cease and desist order of any federal or state securities regulatory agency? _____ If so, please explain in full detail. _____

15. Have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has such a license ever been suspended or revoked? _____ If so, explain in full detail. _____

16. Have you ever been in any way connected with, or financially interested in, any CCRC or insurance company which became insolvent or was placed under supervision or in receivership or conservatorship while you were affiliated with it or at any time thereafter? _____ If so, please explain in detail.

17. Have you or your spouse ever been licensed as an insurance agent? _____ If so, where and when? _____
18. Have you or your spouse ever had a license to sell securities or real estate? _____ If so, where and when? _____ Has such a license ever been suspended, denied, cancelled or revoked? _____ If so, please explain in detail. _____

19. Have you ever been in a position which required a fidelity bond? _____ What position? _____ Were any claims made on the bond? _____ If so, please furnish details. _____

20. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? _____ If so, please explain in detail. _____

21. Have you ever been connected in any way with a CCRC or insurance company which was placed under a Show Cause or was cited for any violations by any State Insurance Department? _____ If so, furnish details, including name and location of the company and the charges. _____

22. Have you ever been connected in any way with any sole proprietorship, partnership, corporation or other entity which has been cited for violations or was subject to disciplinary action by any state or federal regulatory body? _____ If so, furnish details. _____

23. Are you now, or have you been, within the past five years, a plaintiff or defendant in any lawsuit? ____ If so, please furnish details. _____

I FULLY UNDERSTAND THAT THE INFORMATION HEREINBEFORE FURNISHED IN SUBJECT TO THE PENALTIES PROVIDED BY ARTICLE 21.47 OF THE TEXAS INSURANCE CODE.

Dated _____

(Signature)

INCOMPLETE APPLICATIONS IMPEDE TIMELY REVIEW BY THE DEPARTMENT; THEREFORE, IT IS EXTREMELY IMPORTANT THAT APPLICATIONS ARE COMPLETE. Submit a complete filing to the Texas Department of Insurance, Company Licensing & Registration, MC 305-2C, P. O. Box 149104, Austin, TX 78714-9104. For questions or more information, call (512) 322-4370.

THESE GUIDELINES ARE GENERAL IN NATURE AND DO NOT SUPERCEDE STATUTE OR REGULATION. THEY ARE NOT INTENDED TO BE ALL INCLUSIVE AND ADDITIONAL DOCUMENTATION MAY BE REQUESTED.

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

INSTRUCTIONS FOR COMPLETION OF BIOGRAPHICAL DATA FORMS

MINIMUM REQUIREMENT FOR SUBMISSION OF BIOGRAPHICAL DATA FORMS APPLIES TO ALL PERSONS WHO ARE OFFICERS, DIRECTORS, TRUSTEES, MANAGING OR GENERAL PARTNER. ANY PERSON WHO HAS AT LEAST 10% INTEREST IN THE PROVIDER OR ANY PERSON ENGAGED IN THE DAY-TO-DAY MANAGEMENT OF THE FACILITY OTHER THAN AN INDIVIDUAL DIRECTLY EMPLOYED BY THE PROVIDER.

The attached biographical data form may be reproduced in any such quantity as is required for future use by the company. Completed biographical data forms and attachments for submission are required on letter size paper only (8 ½" x 11").

Each biographical data form must contain an original signature (photo or xerox copies of the original are not acceptable). Full disclosure of more than one position with all companies with which the individual is associated must be indicated. The individual's position with the facility should appear in answer to either question #7 or question #8.

Each company is responsible for reviewing the completeness of the biographical data forms prior to submission to the Texas Department of Insurance.

Notice of any additions, deletions, and modifications to the officers and directors page (CCRC Form #3) must be given in accordance with §33.511 of the CCRC Rules.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES. With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.texas.gov.