



Alabama Department of Insurance

CRIMINAL HISTORY DISCLOSURE FORM

Carefully review this form and the instructions before completing

RESPONSES MUST BE TYPED – ATTACH ADDITIONAL TYPED PAGES IF NEEDED

Check ONE:

- I am applying for or renewing a license issued by the Department of Insurance.
I work or intend to work in an unlicensed capacity in the business of insurance.

Submit Two Identical Photos
PHOTOS UNNECESSARY IF ONLY SECTIONS I AND II ARE COMPLETED

SECTION I - PERSONAL INFORMATION

Last Name First Name Middle Social Security Number

Home Address City County State Zip Home Phone

Business Address City County State Zip Business Phone

1. If you were born in the United States, provide the following:

Place of Birth City County State Zip Date of Birth

2. If you were not born in the United States, provide the time of first entry and port of entry:

Horizontal line for entry details

3. Are you a U.S. Citizen? Yes No
If no, provide the following:

Citizenship Country State/Province Basis of U.S. Residence Alien Registration Number

4. If you are a naturalized citizen of the United States, indicate where and how you became naturalized. The number of the Certificate of Naturalization must be provided, if applicable.

Horizontal line for naturalization details

5. Have you ever used or been known by another name (including maiden name) or used or been issued another social security number? Yes No
If yes, provide the following (attach additional pages as needed):

Name Social Security Number Date of Use

6. Provide identification of your current, and all former, spouses (attach additional pages as needed):

Spouse's Last Name	First Name	Middle	Social Security Number	Marital Status
--------------------	------------	--------	------------------------	----------------

7. Do any of your relatives, by blood or marriage (either current or prior), serve in any capacity with any entity engaged in the business of insurance? Yes No
If yes, provide the following (attach additional pages as needed):

Name of Relative	Address	Relationship to Applicant	Insurer/Employer
------------------	---------	---------------------------	------------------

The questions in Sections II and III refer to crimes or offenses in any jurisdiction, including Federal and military offenses, whenever charged. You must provide the requested information (i) if you were arrested, indicted, or otherwise charged, but not convicted (including cases dismissed under a deferred prosecution-type agreement upon performance of conditions), (ii) for all convictions (including cases disposed of by a "no contest" or *nolo contendere* plea), and (iii) even if any conviction was later "expunged." You need not include: traffic citations or misdemeanor traffic offenses (such a misdemeanor DUI or DWI, driving without a license or proof of insurance or with a suspended or revoked license, or reckless driving); or juvenile offenses if disposed of as such in the charging jurisdiction.

SECTION II - MISDEMEANOR HISTORY

1. Provide the following information for each MISDEMEANOR or lesser form of offense (violation): the specific offense; the date or approximate dates of the initial charge and disposition; the charging law enforcement agency; the court disposing of the offense and, if known, the case number(s); the disposition (e.g., dismissed, not guilty, guilty); if guilty, all sentence terms and whether all terms were performed; and a narrative of the circumstances of the offense.

2. Other than described in Question 1 of this Section, during your lifetime have you ever been charged, arrested, indicted, entered into a negotiated plea agreement, entered a plea of guilty or *nolo contendere* to an information or indictment, had a sentence suspended or had pronouncement of a sentence suspended, in connection with any other misdemeanor activities? Yes No
If yes, provide a narrative statement describing the circumstances of every instance (add additional pages if needed):

3. Have you made full payment of any and all outstanding court costs, supervision fees, fines and ordered restitution concerning any and all offenses? Yes No
If no, provide explanation (add additional pages if needed):

**IF YOU HAVE NOT BEEN CHARGED WITH OR CONVICTED OF A FELONY, YOU
MAY GO TO SECTION IX.**

SECTION III - FELONY HISTORY

1. To the extent not shown in the documents you attach, provide the following information for each FELONY: the specific offense; the date or approximate dates of the initial charge and disposition; the charging governmental agency (e.g., grand jury); the court disposing of the offense and the case number(s); the disposition (e.g., dismissed, not guilty, guilty); and a complete narrative of the circumstances of the offense including, as applicable, any mitigating circumstances and, if considered by the court, any aggravating circumstances. IF CONVICTED, state all terms of the sentence imposed; the dates and location(s) of incarceration (if any); the beginning and ending dates of probation/parole; the name and phone number and employing agency of any person supervising your probation or parole; all restitution amounts paid; all fines/costs ordered and paid; and, if you have received a pardon or restoration of civil or political rights, the agency awarding such pardon or restoration and the date(s) thereof.

2. Other than described in Question 1 of this Section, during your lifetime have you ever been charged, arrested, indicted, entered into a negotiated plea agreement, entered a plea of guilty or *nolo contendere* to an information or indictment, had a sentence suspended or had pronouncement of a sentence suspended, in connection with any other felony activities? Yes No

If yes, provide a narrative statement describing the circumstances of every instance.

3. Have you received any type of pardon to the offense or offenses that are the subject of this Criminal History Disclosure Form, or any other offense listed in this Criminal History Disclosure Form? Yes No
If yes, provide the following information (add additional pages if needed):

Pardoning Authority	County	State	Convicted Offense	Date of Pardon	Terms of Pardon
---------------------	--------	-------	-------------------	----------------	-----------------

4. Have your civil rights been revoked? Yes No
If yes, provide the following information:

Court of Judgment	Date of Revocation of Civil Rights	Date of Restoration of Civil Rights
-------------------	------------------------------------	-------------------------------------

5. Have you made full payment of any and all outstanding court costs, supervision fees, fines and ordered restitution concerning any and all offenses? Yes No
If no, provide explanation (add additional pages if needed):

6. Are there mitigating or extenuating circumstances surrounding your commission of the offenses listed in this Section?
 Yes No
If yes, explain (attach additional pages as needed).

7. List all evidence that exists regarding your rehabilitation (attach additional pages as needed).

8. Have you ever applied for written consent under 18 U.S.C. § 1033 with any other Department of Insurance?
 Yes No
If yes, provide the following information, together with a copy of the Application filed in other state(s):

Name of Commissioner	State	Date of Application	Outcome of Request
----------------------	-------	---------------------	--------------------

SECTION IV - EDUCATION

1. Provide complete details about your education and training, including identification of all schools that you have attended. Attach additional pages as needed.

Name of High School(s)	Address	Major	Dates Attended	Highest Level Attained
------------------------	---------	-------	----------------	------------------------

Name of College(s)	Address	Major	Dates Attended	Highest Level Attained
--------------------	---------	-------	----------------	------------------------

Name of Tech School(s)	Address	Major	Dates Attended	Designation
------------------------	---------	-------	----------------	-------------

Post Graduate Schools or Programs	Address	Dates Attended	Designation
-----------------------------------	---------	----------------	-------------

SECTION V – CHRONOLOGICAL EMPLOYMENT HISTORY AND PROFESSIONAL LICENSES-CERTIFICATIONS-DESIGNATIONS

1. List in chronological order each and every place where you have been employed, including any military service (attach additional pages as needed). Include all instances where you have served as a paid or non-paid officer or director.

Name of Employer	Address	Title/Job	Employment Dates	Reasons for Leaving

2. Do you now hold, or have you ever held, a professional license relating to the business of insurance, including but not limited to, being a producer, agent, broker, solicitor, adjuster, or third party administrator? Yes No
If yes, provide the following information about your active or prior insurance professional license(s) (attach additional pages as needed):

Type of License	Date of Issue	State	Status of License
-----------------	---------------	-------	-------------------

3. Have you ever had a consumer complaint, administrative, civil or other legal proceeding (include pending actions) filed against you regarding your insurance activities? Yes No
If yes, provide the following (attach additional pages as needed):

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome
----------------	-----------------------------	-------	----------------	---------

4. If your insurance-related license has ever been suspended, revoked, or administratively sanctioned (include pending actions) as a result of the legal or administrative action described in this section, provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/Revocation	Type of License	Fines Paid	Status of Proceeding
--	-----------------	------------	----------------------

5. Do you now hold, or have you ever held, any other professional licenses, certifications or designations not issued by a Department of Insurance? Yes No
If yes, provide the following information about your active or prior professional licenses, certifications or designations (attach additional pages as needed):

Issued by	Address	City/State
-----------	---------	------------

Type of License, certification or designation	Date of Issue	Status of license, certification or designation
---	---------------	---

6. Have you ever had a customer, client or consumer complaint, administrative or other legal proceeding (include pending actions) filed against you regarding your other professional activities? Yes No
If yes, provide the following (attach additional pages as needed):

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome
----------------	-----------------------------	-------	----------------	---------

7. If any other professional licenses, certifications or designations have ever been suspended, revoked, or administratively sanctioned as a result of the legal or administrative action described in this section (include pending actions), provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/Revocation	Type of License	Fines Paid	Status of Proceeding
--	-----------------	------------	----------------------

SECTION VI – PRESENT/PROPOSED INSURANCE EMPLOYMENT

1. Provide complete details about your present employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

Name of Employer	Address	City	State	Zip	Telephone
------------------	---------	------	-------	-----	-----------

Name of Insurance Entity	Address	City	State	Zip	Telephone
--------------------------	---------	------	-------	-----	-----------

Applicant's Direct Supervisor	Address	City	State	Zip	Telephone
-------------------------------	---------	------	-------	-----	-----------

Business Location of Applicant's Employment/Insurance Related Activity	Offices Held or Job Title
--	---------------------------

2. Describe in detail the nature, duties and activities of your present employment or business association/relationship with an entity engaged in the business of insurance, including office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

3. Provide the following information about your proposed employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

Name of Employer	Address	City	State	Zip	Telephone
------------------	---------	------	-------	-----	-----------

Name of Insurance Entity	Address	City	State	Zip	Telephone
--------------------------	---------	------	-------	-----	-----------

Applicant's Direct Supervisor	Address	City	State	Zip	Telephone
-------------------------------	---------	------	-------	-----	-----------

Business Location of Applicant's Employment/Insurance Related Activity	Offices Held or Job Title
--	---------------------------

4. Describe in detail the nature, duties and activities of your proposed employment or business association/relationship with each entity identified in your response to item (3) above (attach additional pages as needed):

5. Explain why your conviction(s) will not affect your fitness or ability to perform any of the above duties or activities (attach additional pages as needed):

6. List the names and locations of all insurers and entities providing services to insurers for which you have advised, represented or in any manner worked for or provided services to, together with a description of the activities performed for each such entity (attach additional pages as needed).

7. If not already described in your other responses, provide details of any proposed or current written or oral agreements, contracts or understandings between yourself and any entities engaged in the business of insurance (attach additional pages as needed).

SECTION VII – FINANCIAL INFORMATION

1. Do you have any judicial or administrative penalties, fines or outstanding (include pending actions)?
 Yes No
If yes, describe in detail (attach additional pages as needed):

2. Do you have any civil judgments, tax or other liens or penalties outstanding (include pending actions)?
 Yes No
If yes, describe in detail (attach additional pages as needed):

3. Have you ever been a party, in any capacity, in a civil action, lawsuit, bankruptcy or other proceeding?
 Yes No
If yes, provide details of all civil actions (attach additional pages as needed):

Title of Case	Case Number
<input type="checkbox"/> Federal <input type="checkbox"/> State	
Identification of Court	City/State
	Date of Action

Description of case and your involvement, including outcome:

4. Have you ever been in a position which required a fidelity bond? Yes No
If yes, and any claims were made on the bond, provide details (attach additional pages as needed):

5. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked?
 Yes No
If yes, provide details (attach additional pages as needed):

6. Have you, or any business entity in which you served as an officer, director, trustee, investment committee member, key employee, stockholder or owner become insolvent, placed in bankruptcy, receivership, rehabilitation or liquidation? Yes No
If yes, provide details (attach additional pages as needed):

7. List any and all entities (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which you hold directly or beneficially (or hold in joint tenancy, or in the name of others for you) a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

8. List any and all entities (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which your relatives, by blood or marriage, hold directly or beneficially a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

SECTION VIII – ATTACHMENTS FOR FELONY CONVICTIONS

AN APPLICANT HAVING A FELONY CONVICTION MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS CRIMINAL HISTORY DISCLOSURE FORM.

1. For each FELONY disclosed in the Form:
 - A certified copy of the indictment, information, complaint, summons or other charging document(s).
 - Any plea agreement if accepted by the court; if not reduced to a separate judgment, the disposition of charges(s) whether by minute entry or order.
 - Any judgment and/or formal statement of conviction and sentence imposed.
 - If furnished to you, any presentencing report or sentencing memorandum.
 - Any documentation establishing the satisfactory completed of the terms of any sentence.
 - A copy of the order of judgment and sentence of the court for the conviction which is the subject of this Form (including certification of performance of all conditions imposed by the court) and/or a copy of the court docket.
 - Any pardon or determination effecting a remission of sentence or restoration of civil or political rights OR any written determination denying an application for a pardon, remission of sentence, or restoration of civil or political rights.

Note: Copies of documents issued by a court or government agency must be certified by that court or agency. IF, DUE TO AGE OF THE OFFENSE OR OTHERWISE, YOU ARE UNABLE TO OBTAIN CERTIFIED COPIES OF THE REQUIRED RECORDS, YOU MUST SUBMIT WRITTEN DOCUMENTATION TO SUCH EFFECT FROM THE APPROPRIATE COURT OR AGENCY.

2. A current financial statement indicating your net worth, including all assets held by you or held in the names of others for you, sources of income, and the amount and nature of each secured and unsecured debt or other liability, whether individually or jointly with another.
3. A copy of your current credit report.
4. Copies of any and all current or proposed agreements between you and any entity engaged in the business of insurance.
5. If available, a written job description for each position you currently hold or propose to hold with any entity engaged in the business of insurance prepared by or on behalf of that entity.
6. A letter from an authorized representative of the insurance entity with which you are currently employed or affiliated, or propose to be employed or affiliated, documenting the fact of your current or proposed employment or affiliation with that entity and endorsing issuance of written consent to engage or participate in the business of insurance if and to the extent required by 18 U.S.C. § 1033(e).

You are encouraged to submit the following evidence of rehabilitation for the Commissioner's consideration:

7. Post-conviction community service.
8. Post-conviction charitable activity.
9. Letters of recommendation, addressed to the Commissioner, attesting to your character and reputation. Such statements should indicate the length of time the writers have known you, his/her/its business or social relationships with you, and describe your character traits and reputation in the community. Such statements should also verify that the writers know of your criminal history.

AN APPLICANT FOR A NON-RESIDENT LICENSE MUST ALSO SUBMIT A § 1033 CONSENT FROM THE APPROPRIATE INSURANCE REGULATORY OFFICIAL OF THE APPLICANT'S RESIDENT LICENSING STATE OR THAT OFFICIAL'S DETERMINATION THAT § 1033 CONSENT IS NOT REQUIRED.

SECTION IX – ATTESTATION (TO BE COMPLETED BY ALL APPLICANTS)

I, _____ (name of applicant), swear and affirm that my statements in this Criminal History Disclosure Form, and the documents attached hereto, are true, correct and complete. I understand that my statements will be relied upon by the Insurance Commissioner of the State of Alabama in the execution of his or her duties under the Alabama Insurance Code and, as applicable, 18 U.S.C. § 1033 in making a decision on whether to issue, renew, suspend, or revoke a license and/or to grant written consent for me to engage in the business of insurance. I understand that if I have made any false statement in this Form, or if there are any false statements included in the attachments, my request for issuance or renewal of a license or permit and/or for written consent to engage in the business of insurance may be denied; any insurance-related license(s) or permit(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation; and I may be subject to criminal prosecution. *By signing below, I acknowledge that the Alabama Department of Insurance may conduct an independent investigation to confirm the information in this Form and I expressly consent and authorize any person, business or agency to release any information the Department may request as part of the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records.*

Signature

Date