



Texas Department of Insurance

Government Relations Section - MC113-3A

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

512-463-6651 telephone • 512-475-2025 fax • www.tdi.texas.gov

Advisory Board and Committee Application

NAME OF BOARD OR COMMITTEE OF INTEREST

Biographical Information

FIRST NAME

MIDDLE NAME

LAST NAME

DRIVERS LICENSE NUMBER

AGENTS LICENSE NUMBER (IF APPLICABLE)

DATE OF BIRTH

E-MAIL ADDRESS

SPOUSE'S NAME

HOME PHONE

WORK PHONE

CELL PHONE

HOME ADDRESS (STREET, CITY, STATE, & ZIP CODE)

COUNTY

HOW LONG HAVE YOU BEEN A TEXAS RESIDENT?

HAVE YOU FILED YOUR FEDERAL INCOME TAX FOR THE PAST 5 YEARS? YES NO

EMPLOYER

JOB TITLE

EMPLOYER ADDRESS: (STREET OR P.O. BOX, STATE, INCLUDE ZIP CODE)

LIST JOB RESPONSIBILITIES

Education/Training

TECHNICAL, VOCATIONAL, OR BUSINESS SCHOOL

TYPE OF DEGREE

FIELD OF STUDY

UNDERGRADUATE COLLEGE OR UNIVERSITY

TYPE OF DEGREE

FIELD OF STUDY

GRADUATE COLLEGE OR UNIVERSITY

TYPE OF DEGREE

FIELD OF STUDY

List Three References

NAME TITLE TELEPHONE ADDRESS (STREET, CITY, STATE, & ZIP CODE)

NAME TITLE TELEPHONE ADDRESS (STREET, CITY, STATE, & ZIP CODE)

NAME TITLE TELEPHONE ADDRESS (STREET, CITY, STATE, & ZIP CODE)

List Professional Memberships:

List Volunteer Participation:

Area of Experience or Expertise

Check box beside areas of experience or expertise.

- CONSUMER ISSUES CASUALTY INSURANCE PROPERTY INSURANCE LIFE INSURANCE HEALTH INSURANCE
- LICENSING RATE REGULATION FIRE INDUSTRY LICENSING
(State Fire Marshal's Office) OTHER: _____

FOR BOXES CHECKED, DESCRIBE HOW THE AREA OF RELEVANT EXPERIENCE WOULD CONTRIBUTE TO YOUR SERVICE ON THE BOARD OR COMMITTEE

Background Information

If you answer YES to any of the following questions, please provide explanations on a separate sheet.

- 1.) Have you ever been indicted, convicted or had adjudication deferred of a misdemeanor or felony? YES NO
- 2.) Are you or any company in which you have controlling interest delinquent in any local or state taxes? YES NO
- 3.) Have you ever had any grievance or complaint filed with any entity that regulates your professional license? YES NO
- 4.) Have you ever had any fines, suspensions, revocations, investigations or other actions taken against a professional license you hold? YES NO
- 5.) Within the last ten years, have you been investigated, reprimanded, fined, or suspended from doing business with any state or federal agency? YES NO
- 6.) Do you have any interest in a company that does business with the State of Texas? YES NO
- 7.) Do you serve on any local or state board, commission, committee, or in any elected office? YES NO
- 8.) Are you an officer, director, employee, or consultant of an insurance company, insurance agency, agent, broker, solicitor, adjuster, insurance industry-related association, any other entity or person regulated by TDI? YES NO
- 9.) Are you related to, or is an individual residing in the same household with you, an officer, director, employee or consultant other entity or person regulated by TDI? YES NO
- 10.) Do you own, have a financial interest in, or participate in the management of an organization regulated by TDI? YES NO
- 11.) Does an individual related to you (or residing in the same household with you) own, have a financial interest in, or participate in the management of an organization regulated by TDI? YES NO
- 12.) Is or has any entity in which you are or were an officer, director or employee been a defendant in a lawsuit or the subject of an adverse administrative or regulatory action? YES NO
- 13.) Are you engaged or employed by an organization that has a contract with an organization that is regulated by TDI? YES NO
- 14.) Are you associated with any unit of government that receives a part of its funding from any unit of government? YES NO
- 15.) Are you associated with any organization that receives a part of its funding from any unit of government? YES NO
- 16.) Are you associated with any organization formed for the purpose of representing persons or organizations regulated by TDI YES NO
- 17.) Are you required to register as a lobbyist with the Texas Ethics Commission? YES NO
- 18.) Are you related to or is an individual residing in the same household with you a person who is required to register as a lobbyist with the Texas Ethics Commission? YES NO
- 19.) Are you or have you been a defendant in a lawsuit or the subject of an adverse administrative or regulatory action? YES NO

I affirm the information on this form is true, accurate and complete. I also authorize the Texas Department of Insurance to conduct a background investigation.

SIGNATURE REQUIRED

DATE

The information provided on this form may be revealed publicly.

**RETURN
COMPLETED
FORM TO:** **Texas Department of Insurance
Government Relations - MC 113-3A
P.O. Box 149104
Austin, Texas 78714-9104
Email: GovernmentRelations@tdi.texas.gov
Ph: (512) 463-6651 Fax: (512) 475-2025**

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 Office of Agency Counsel in the Legal Section of the General Counsel Division at agency.counsel@tdi.state.tx.us or visit the Corrections Procedure section of TDI's web page at www.tdi.texas.gov/commish/legal/lccorprc.html