



Department of Consumer & Business Services

Insurance Division – 4

P.O. Box 14480, Salem, Oregon 97309-0405

350 Winter St. NE, Salem, Oregon

Phone: 503-947-7982, Fax: 503-947-7862

E-mail: orinsreg.ins@state.or.us

insurance.oregon.gov

**Retainer Medical Practice
Biographical Affidavit**

Complete all answers, including “No” or “None,” where applicable.

Name of applicant retainer medical practice: _____

Position held with respect to applicant retainer medical practice: _____

In connection with the above-named entity, I make the representations contained in this biographical affidavit.
(Attach addendum or separate sheet if additional space is needed to answer any question fully.)

1. Affiant’s full name (initials not acceptable): _____

2. Occupation or profession: _____

3. Business address: _____

City: _____ State: _____ ZIP: _____

Business phone: _____ - _____ - _____ E-mail: _____

4. Education and training:

College/university	City/state	Attended (MM/YY)	Degree obtained
		From: / to: /	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of degree/s:

Graduate studies:

College/university	City/state	Attended (MM/YY)	Degree obtained
		From: / to: /	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of degree/s:

5. List complete employment record for the past 20 years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates, or officerships). List the most recent first. Attach additional pages if necessary. It is only necessary to provide phone numbers and supervisory information for the past 10 years.

Begin/end (MM/YY) ____ / ____ to ____ / ____ Employer: _____

Address: _____ City: _____ State/province: _____ ZIP: _____

Country: _____ Phone: _____ Offices/positions held: _____

Supervisor/contact: _____

Begin/end (MM/YY) ____ / ____ to ____ / ____ Employer: _____

Address: _____ City: _____ State/province: _____ ZIP: _____

Country: _____ Phone: _____ Offices/positions held: _____

Supervisor/contact: _____

Begin/end (MM/YY) ___ / ___ to ___ / ___ Employer: _____
Address: _____ City _____ State/province: _____ ZIP: _____
Country: _____ Phone: _____ Offices/positions held: _____
Supervisor/contact: _____

Begin/end (MM/YY) ___ / ___ to ___ / ___ Employer: _____
Address: _____ City _____ State/province: _____ ZIP: _____
Country: _____ Phone: _____ Offices/positions held: _____
Supervisor/contact: _____

Begin/end (MM/YY) ___ / ___ to ___ / ___ Employer: _____
Address: _____ City _____ State/province: _____ ZIP: _____
Country: _____ Phone: _____ Offices/positions held: _____
Supervisor/contact: _____

6. a. Have you ever been in a position that required a fidelity bond? Yes No
If any claims were made on the bond, give details:

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? Yes No
If yes, give details:

7. List any professional, occupational, and vocational licenses (including licenses to sell securities) issued by any public or governmental agency that you presently hold or have held in the past. Identify and provide the name, address, and phone number of the licensing authority. **If your professional license number is your Social Security number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. [For example, "SSN," "12-SSN-345," or "1234-SSN" (last 6 digits)].** Attach additional pages if necessary.

Organization/issuer of license: _____
Address: _____ City: _____ State/province: _____ ZIP: _____
License type: _____ License number: _____
Issue date (MM/YY): ___ / ___ Expiration date: ___ / ___ Phone: _____
Reason for termination: _____

Organization/issuer of license: _____
Address: _____ City: _____ State/province: _____ ZIP: _____
License type: _____ License number: _____
Issue date (MM/YY): ___ / ___ Expiration date: ___ / ___ Phone: _____
Reason for termination: _____

8. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority or any public administrative or governmental licensing agency? Yes No
 - b. Had any occupational, professional, or vocational license or permit you hold or have held been subject to any judicial, administrative, regulatory, or disciplinary action? Yes No
 - c. Been on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? Yes No
 - d. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes No
 - e. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal or state law or law of another country? Yes No
9. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by," and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, 10 percent or more of the voting securities of any other person.

10. Have you ever been adjudged a bankrupt? Yes No

If yes, provide details: _____

Dated and signed, this _____ day of _____, 20__ at _____, I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of affiant

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by

_____, and: _____

who is personally known to me, or

who produced the following identification: _____

[Seal]

Notary public signature

Printed notary name

My commission expires