Office of the Commissioner



Delaware Department of Insurance

## FORM PF-3 BIOGRAPHICAL QUESTIONAIRE FOR PREMIUM FINANCE COMPANIES

Please include additional pages as needed to complete response.

1.	Company Name:				
2.	Office Held:				
3.	Individual's Name:				
	Date of Birth: Place of Birth				
4.	Current Residential Address:				
5.	Current Business Address:				
6.	. Residential Address for Past Five Years:				
	•				
	•				
	•				
	•				
	•				
7.	Education (Beyond High School):				
	•				
	•				
	•				
	•				

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8.	Emp	nployment History. (Beginning with current employer, trace back complete history. Show				
	date	s of employment, name and address of company, position held, and duties.)				
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9. List any other companies which you now serve, or within the past five years have served, as either an officer or director. (List company, position and dates.)

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- 10. Have you ever been charged with a criminal violation (other than a traffic offense) at any time? If "yes," provide complete details.
- 11. Have you ever held any other license (except a drivers license): □ Yes □ No
  If "yes," provide details as to any such license which was ever suspended, revoked, or renewal refused:
- 12. Have you ever been charged by any regulatory agency, City, County, State or Federal, with having violated any laws, rules or regulations" Has any company been so charged, allegedly as a result of any action or conduct on you part? □ Yes □ No If "yes," as to either, submit full details including disposition of charge:

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X	
Signature	
State of	)
County	) SS

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_, before me, a Notary Public in and for The State and County aforesaid, personally appeared \_\_\_\_\_\_ to me known to be the individual described in and who executed the aforegoing and did make oath in due form of law that the matters and facts contained in the aforegoing resume are true and correct.

## Х

Notary Public

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