



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER
Ralph T. Hudgens, Commissioner



www.oci.ga.gov

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**INSURANCE FINANCIAL
 OVERSIGHT**
 GID-401-RS JAN2015
 (same as RMA-3)

**APPLICATION TO SERVE AS OFFICER, DIRECTOR OR TRUSTEE OF
 RISK MANAGEMENT AGENCY**

To the Commissioner of Insurance, of Georgia State, and the _____ Agency:

Application is hereby made to serve as _____ of the Agency.

(If additional space is required to answer any question, use separate sheets of paper, numbering each to correspond to the question being answered.)

(1) Name _____

(2) Address _____

(3) Telephone Number _____

(4) Name of Agency _____

(5) Address of Agency _____

(6) Position applied for _____

(7) Term of Office _____

(8) Duties _____

(9) Date of Birth _____

(10) Social Security Number _____

(11) Have you been convicted of any crime other than minor traffic violations within the last ten years?
 _____ No _____ Yes, explain: (_____)

(12) Are you an owner, officer, director, shareholder or employee of any administrator or any parent of affiliated company?
 _____ No _____ Yes, explain: (_____)

(13) Educational Background. List all institutions of higher learning, dates attended, areas of study and degrees received. Include any specialized training, courses or seminars.

(14) Experience. List all relevant employment experience. Include at least three professional references. Include any specialized licenses in any state, memberships in professional, technical or honorary societies, publications, honors or awards. If any license has been refused, suspended, canceled or revoked, explain.

(15) Have you ever been an officer, director, trustee, investment committee member, key employee or major stockholder of any company which became insolvent, received a cease and desist order, was placed in receivership or conservatorship, was charged with any securities or any insurance regulation violation? If so, explain.

(16) Have you ever been declared bankrupt?
 _____ No _____ Yes, explain: (_____)

Enclose any proposed contract with the Agency providing for compensation to the applicant, organization, company or firm in which the applicant is interested.

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In consideration for the application, the applicant agrees as follows:

(A) That the applicant will comply with all provisions of O.C.G.A. Chapter 20-2 or 36-85 as applicable, the Regulations promulgated there under, all lawful Orders of the Commissioner, the bylaws of the Agency and the terms of any contract with the Agency approved by the Commissioner.

(B) That the applicant will be in a fiduciary relationship with respect to any monies of the Agency received, collected, disbursed or invested. _____(Initial)

(C) That no financial obligation of the applicant will be guaranteed by the by the Agency. _____(Initial)

(D) That the applicant and any company or firm in which the applicant is interested will not deposit or invest the Agency's assets except in the name of the Agency, borrow the assets of the Agency; be pecuniarily interested in any loan, pledge of deposit, security, investment, sale, purchase, exchange, reinsurance or other similar transaction or property of the Agency; take or receive for his own use any fee, brokerage, commission, gift or other consideration for or on behalf of the agency; except for reasonable compensation for services performed or sales or purchases made to or for the agency in accordance with the terms of a contract approved by the commissioner. _____(Initial)

(E) That any contract providing for compensation from the Agency to the applicant or any company or firm in which the applicant is interested must be approved and may be modified by the Commissioner. In the event of modification by the Commissioner, the applicant reserves the right to withdraw this application.

(F) That the applicant will notify the Agency and the Commissioner within fourteen (14) days of any change in any of the information contained in this application.

AFFIDAVIT

I, the undersigned, swear (or affirm) that to the best of my knowledge and belief, the statements contained in the application, including the accompanying documents, are true and complete.

(SIGNATURE OF APPLICANT)

(PRINT NAME)

(TITLE)

(DATE)

NOTARY	Sworn to and Subscribed before Me this _____ day of _____, _____.	(Seal)
	In the County of _____, State of _____.	
	_____ (Notary Public)	_____ (My Commission Expires)