

Biographical Form and Certification of License Qualification Following a Change of Control

General

This form is used to report changes in control of a licensed insurance agency. Use this form to:

- Report new individuals to be associated with a licensed insurance agency.
- Report any changes to entities that control a licensed insurance agency.
- Report individuals to be disassociated with a licensed insurance agency.

Submit your completed form and all supporting documentation by email to CE@tdi.texas.gov.

Licensed entity information

Legal entity name _____

TDI license number _____

Business email address _____

Fingerprint requirements

By checking the box below, I attest that the fingerprint requirements for this entity have been met. For additional details, please review [fingerprint requirements and instructions](#). Select only one.

- Texas Resident Entity: Fingerprints required. All individuals listed have completed their fingerprint requirement. Note: Individuals already actively licensed as Texas residents are not required to resubmit fingerprints.
- Non-Resident Entity (Not licensed in Resident State): Fingerprints required. All individuals listed have completed their fingerprint requirement.
- Non-Resident Entity (Actively licensed in Resident State): Fingerprints are **not required**.

Part 1 – Association of individuals

Fully identify all new controlling members who administer the agency's insurance operations in Texas, including any updates to previously reported individuals. Individuals who hold control of 10% or more of the agency's voting stock are also required. For additional details regarding the definition of control, see [Texas Insurance Code \(TIC\) Section 4001.003\(2\)](#). Disclosure of Social Security numbers is required pursuant to Texas Family Code Section 231.302.

Legal name _____ Title _____

Social security number _____ DOB _____

Address _____

City _____ State _____ ZIP _____

This individual is actively licensed with Texas. TDI license number _____

Designated Responsible Licensed Producer Owner- If checked: percentage: _____

If additional entries are needed, you may copy and submit additional pages of this section.

1. Legal name _____ Title _____
Social security number _____ DOB _____
Address _____
City _____ State _____ ZIP _____
 This individual is actively licensed with Texas. TDI license number _____
 Designated Responsible Licensed Producer Owner- If checked: percentage: _____

2. Legal name _____ Title _____
Social security number _____ DOB _____
Address _____
City _____ State _____ ZIP _____
 This individual is actively licensed with Texas. TDI license number _____
 Designated Responsible Licensed Producer Owner- If checked: percentage: _____

3. Legal name _____ Title _____
Social security number _____ DOB _____
Address _____
City _____ State _____ ZIP _____
 This individual is actively licensed with Texas. TDI license number _____
 Designated Responsible Licensed Producer Owner- If checked: percentage: _____

4. Legal name _____ Title _____
Social security number _____ DOB _____
Address _____
City _____ State _____ ZIP _____
 This individual is actively licensed with Texas. TDI license number _____
 Designated Responsible Licensed Producer Owner- If checked: percentage: _____

5. Legal name _____ Title _____
Social security number _____ DOB _____
Address _____
City _____ State _____ ZIP _____
 This individual is actively licensed with Texas. TDI license number _____
 Designated Responsible Licensed Producer Owner- If checked: percentage: _____

Part 2 – Change of control

List any change in control of the licensed agency, whether direct or indirect. Identify all entities that control the agency, up to the ultimate controlling individual or entity. For a direct change of control, all direct owners must be listed below, and the ownership percentages must collectively equal 100%. If the agency is member-owned, please indicate this. Note: You may attach supporting documents or an organizational chart to help explain the ownership and control structure. For any attachments, include the full legal name, FEIN, and mailing address for each entity listed.

Type of change

Direct change of control Indirect change of control

No objection letter

Are you requesting a no-objection letter from TDI?

Yes No

If additional entries are needed, you may copy and submit additional pages of this section.

Direct owner information

1. Legal name _____
Physical address _____
City _____ State _____ ZIP _____
Ownership percentage _____ FEIN _____ Phone number _____
Officer / Director _____ Officer / Director _____ Officer / Director _____
Officer / Director _____ Officer / Director _____ Officer / Director _____
2. Legal name _____
Physical address _____
City _____ State _____ ZIP _____
Ownership percentage _____ FEIN _____ Phone number _____
Officer / Director _____ Officer / Director _____ Officer / Director _____
Officer / Director _____ Officer / Director _____ Officer / Director _____

Indirect owner information

1. Legal name _____ FEIN _____
Physical address _____
City _____ State _____ ZIP _____
2. Legal name _____ FEIN _____
Physical address _____
City _____ State _____ ZIP _____

Part 3 – Disassociation and removal

List each individual to be disassociated from control of the licensed TDI agency. Attach additional pages as needed. Individuals being disassociated from the agency are not eligible to sign this form.

1. Legal name _____ Title _____
2. Legal name _____ Title _____
3. Legal name _____ Title _____
4. Legal name _____ Title _____
5. Legal name _____ Title _____
6. Legal name _____ Title _____

Part 4 – Attestation

A currently listed officer, director or partner of the licensed entity must read and execute below. Individuals being removed are not permitted to sign without prior approval from TDI.

- I certify that I have personally and completely answered each of the questions herein and that I have attached to this form all information requested and that these answers and attachments are true and correct to the best of my knowledge and belief. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules and regulations promulgated by the Texas Department of Insurance which relate to the license(s) held and the grounds under which such license(s) may be suspended, revoked or non-renewed.
- I further certify that each listed or named individual has, to the best of my knowledge and belief, received a true and correct copy of the disclosure entitled "Know your rights."
- I further certify that, to the best of my knowledge and belief, immediately following the changes disclosed in this document, the agency will be able to satisfy the requirements for issuance of the license to solicit the line or lines of insurance for which it is licensed.
- I further certify that, to the best of my knowledge and belief, no individual listed in response to Part 1 of this document has had a license suspended or revoked or been the subject of any other disciplinary action by a financial or insurance regulator of this state, another state, or the United States.
- I further certify that to the best of my knowledge and belief, that no individual listed in response to Part 1 of this document has committed an act for which a license may be denied under Section 4005.101 of the Texas Insurance Code.
- I acknowledge and understand that the officer(s), partners, and director(s) of this entity have the duty to inform the Commissioner of Insurance within thirty (30) days of any disciplinary action taken by a financial or insurance regulator of this state, another state, or the United States against the licensed entity or any individual associated with the entity who is required to file biographical information with the Department.
- I further acknowledge that the officer(s), partners, and director(s) have the duty to update the information contained in the entity's license records, including a change in address, and that failure to do so constitutes grounds for revocation, or suspension of its insurance license(s).

