



## Application for Appointment: Advisory Boards and Committees

(REV 11/2019)

Thank you for your interest in serving on an advisory board/committee at the California Department of Insurance under the leadership of Insurance Commissioner Ricardo Lara. Commissioner Lara periodically makes appointments to several advisory boards and committees, many of which are required by statute. Appointments are for a specified term. Some positions require specific expertise or experience before an applicant may be considered. All applicants must complete and submit an application form. We offer equal opportunity to all regardless of race, color, creed, national origin, ancestry, gender, sex (including pregnancy, childbirth, breastfeeding or related medical conditions), gender identity, gender expression, marital status, physical or mental disability, religious or political affiliation, age, medical condition, genetic information, sexual orientation, military and veteran status, and all other protected characteristics in accordance with all applicable federal and state laws. Qualified applicants that reflect the diversity of the State of California are strongly encouraged to apply.

### PERSONAL INFORMATION

First Name                      Middle Name [if none: type n/a]                      Last Name                      Suffix

**Position Sought:**

- California Automobile Assigned Risk Plan (CAARP) Advisory Committee
- California Earthquake Authority (CEA) Advisory Panel
- California Insurance Guarantee Association (CIGA) Board of Governors
- California Organized Investment Network (COIN) Advisory Board
- California Workers' Compensation Insurance Rating Bureau (WCIRB) Governing Committee
- Curriculum Board (CB)
- Insurance Diversity Task Force (IDTF)
- Long Term Care Insurance Task Force

Request for:     Appointment     Reappointment

DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_ Gender\*:     Male     Female     Non-binary

**Ethnicity (check all that apply)\*:**

- American Indian
- African American
- Asian Pacific Islander
- Hispanic / Latino
- Multi-Ethnic
- Caucasian
- Other; specify: \_\_\_\_\_

Publicly Identify as LGBT (Lesbian, Gay, Bisexual, and/or Transgender)\*:    yes    no

Disabled Veteran:     yes     no

\*To assist the Commissioner's Office with its reporting obligations, applicants are asked to voluntarily provide their gender and race/ethnicity and sexual orientation.

**Live in a Rural Community<sup>1</sup>?**  yes  no

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Business Title: \_\_\_\_\_ Company: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred email address: \_\_\_\_\_ Assistant's email address: \_\_\_\_\_

**Are you now or have you ever used any name other than the one listed above?**

yes  no If yes, please list all names used.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**PROFESSIONAL LICENSE(S)**

1. Name on License: \_\_\_\_\_ Type of License: \_\_\_\_\_

License #: \_\_\_\_\_ from date: \_\_\_\_\_ to date: \_\_\_\_\_

2. Name on License: \_\_\_\_\_ Type of License: \_\_\_\_\_

License #: \_\_\_\_\_ from date: \_\_\_\_\_ to date: \_\_\_\_\_

Other licenses available upon request:  Yes  No

**PROFESSIONAL ORGANIZATION/SOCIETY POSITION**

Are you an Appointee for any other board, commission or committee for the Insurance Commissioner, any other elected official, or for any other organization?

yes  no

If yes, please list:

**QUESTIONS**

<sup>1</sup> For the purposes of this application, CDI will be utilizing [the United States' Bureau of the Census' classification of "rural" area](#): all territory, population and housing units located outside of an urbanized area (UA) and/or an urban cluster (UC). UAs and UCs contain: 1) a population density of at least 1,000 people per square mile; and 2) surrounding census blocks with an overall density of at least 500 people per square mile.

1. Why are you seeking appointment to this Board/Committee?

2. Please explain why you wish to be an appointee of Insurance Commissioner Ricardo Lara to this Board/Committee.

3. How did you find out about this position?

4. Have you ever run for political office, served on a political committee, or been identified publicly with a particular political organization, candidate or issue?

yes  no If yes, please explain:

5. Have you been publicly identified, in person or by organizational members, with a particularly controversial national, state or local issue(s)?

yes  no If yes, please explain:

6. Have you ever submitted oral or written views to any government authority or the news media, on any particular controversial issue(s) other than in an official government capacity?

yes  no If yes, please explain:

7. Have you ever written any particularly controversial books or articles?

yes  no If yes, please explain:

8. Have you ever had any association with any person or group or business venture which could be used, even unfairly, to impugn or question your character and qualifications for the requested appointment?

yes  no If yes, please explain:

9. Do you know anyone who might take any steps, overtly or covertly, to oppose your appointment?

yes  no If yes, please explain:

10. Has any professional license held by you been the subject of disciplinary action?

yes  no

If yes, please explain. Include the dates, and specify any fines, suspensions, revocations or other sanctions resulting from disciplinary actions. Also list any Cease and Desist Orders, Restraining Orders or Injunctions entered against you or any business entity with which you have been affiliated.

11. Have you ever surrendered or failed to renew any license to avoid the possibility of regulatory action against you?

yes  no If yes, please explain:

12. Are you a citizen of a country OTHER than the United States?

If yes, list country: \_\_\_\_\_

13. Are you now, or have you ever been affiliated (as an employee, officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) which might present a conflict of interest or appearance of conflict of interest with your requested appointment? If you have any reason to believe a conflict or an appearance of conflict may exist or that your employer/affiliate may object to your appointment, please consult your employer/affiliate regarding your interest in this position and obtain any necessary authorization to apply **BEFORE** submitting this application.

yes  no If yes, please explain:

14. Do you own real property, personal property, or financial holdings that might present a real conflict of interest or perceived conflict of interest with your requested appointment?

yes  no

If yes, please explain:

15. Are you currently under federal, state and/or local investigation for possible violations of a criminal law, or ordinance?

yes  no

If yes, please explain:

16. Have you ever been convicted of a crime?

yes  no

If yes, please explain and provide the State, County, and Year the conviction took place.

17. Is there anything in your background which if made known to the general public through your appointment would cause an embarrassment to you and/or the Department of Insurance?

yes  no

If yes, please explain:

18. If appointed, and if the FPPC requires it for the position, would you be willing to file a [statement of economic interests \(Form 700\)](#) and complete an online [ethics training course](#)? Currently, this is a requirement for the Curriculum Board, as well as the boards for CAARP and CEA.

yes  no

19. Please list the California Representatives of your district: ([select this link to find your representative](#))

20. Can you commit to attending, to the best of your ability, all meetings of the Board/Committee? Please see [our website](#) for meeting frequency.

yes  no

**AUTHORIZATION AND RELEASE**

I hereby acknowledge and agree that my application may be given to the California Department of Insurance (CDI) Investigations Bureau and/or other Department of Insurance personnel in the event my name is submitted for evaluation by them, and that all or portions of my application or the information contained therein may be given to or shared with other committees and/or individuals who have been asked by the Insurance Commissioner to assist him in the evaluation of applicants for appointment. I further acknowledge and agree that for the purpose of aiding the Insurance Commissioner in evaluating my background and qualifications, CDI staff will be entitled to seek and obtain information and documents concerning me from firms, companies, corporations, public records and other third parties, including those mentioned in my application.

I hereby authorize any governmental, licensing or law enforcement agency, to release to the Insurance Commissioner any and all information which those agencies may have about me (whether public, personal or confidential) for the purpose of aiding the Insurance Commissioner in evaluating my background and qualifications for appointment.

I hereby release and discharge the Insurance Commissioner and his representatives, all agencies, their agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing, use and inspection of documents, records and other information and the investigation of my background and qualifications, and this release shall be binding on my legal representatives, heirs and assignees.

By typing my name in the box provided, I hereby declare under penalty of perjury under the laws of the State of California that:

- I have read and agree to the terms above;
- I agree to abide by the [Incompatible Activities Statement](#); and,
- that the answers and statements provided by me in the foregoing application are true and correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**To submit: Please save this PDF to your computer and attach it in an email to [CDIBoards@insurance.ca.gov](mailto:CDIBoards@insurance.ca.gov). Please also submit a resume or bio.**

You will receive confirmation of your application within 48 hours. Please call us at (916) 492-3335 if you do not receive this confirmation. Thank you for your interest.

