Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT COVER LETTER
HOLDING COMPANY STRUCTURE

Affiant Name: _____

Group Name: _____

Group Code: _____

Purpose of Affidavit: Other (Specify Reason)

Applicant Company: _____

Insurers listed under group code:

Company Name and Address	**NAIC Cocode**	**Position with the Company**	**Effective Date of Position**

Applicant Company Representative Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Signature Date: _____

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Addendum Page for additional insurers listed under group code:

Company Name and Address	NAIC Cocode	Position with the Company	Effective Date of Position

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Addendum Page for additional insurers listed under group code:

Company Name and Address	NAIC Cocode	Position with the Company	Effective Date of Position

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