



# Viatical Settlement Broker Business Entity License Application

Illinois Department of Insurance  
320 West Washington Street  
Springfield, IL 62767-0001

**Important Notice:** Disclosure of this information is **required** under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.

**Fee Requirement:** Attach a check or money order for \$500 payable to the Director of Insurance.

Demographic Information				
Business Entity Name		Incorporation / Formation Date MM ____ DD ____ YY ____		FEIN -
DBA/Trade Name (if applicable)			State of Domicile	
Business Address		City	State	Zip Code
Phone Number (include extension)	Fax Number	Business Web Site Address		Business E-Mail Address
Mailing Address		P.O. Box	City	State Zip Code

## Designated Licensed Individual Broker or Provider

Designate every individual who is authorized to act for the Business Entity under the Business Entity's license. Each designated individual must have an individual Viatical Settlement Broker license. The Business Entity must have at least one Designated Licensed Individual Viatical Settlement Broker who is responsible for the Business Entity's compliance with the laws, rules and regulations of the State of Illinois. (Please list additional Individual Brokers on separate sheet.)

Name _____	SSN _____	DOI # _____
Name _____	SSN _____	DOI # _____
Name _____	SSN _____	DOI # _____
Name _____	SSN _____	DOI # _____

## Stockholders, Partners, Directors, Officers, Members and Designated Employees

Identify all stockholders, partners, directors, officers, members and designated employees of the business entity:

Name _____	Title _____	SSN _____
Address _____		DOI # _____
Name _____	Title _____	SSN _____
Address _____		DOI # _____
Name _____	Title _____	SSN _____
Address _____		DOI # _____
Name _____	Title _____	SSN _____
Address _____		DOI # _____
Name _____	Title _____	SSN _____
Address _____		DOI # _____

## Background Information

Please read the following very carefully and answer every question.

	Yes n	No n
<p>1. Has the business entity or any stockholder, partner, director, officer, member or designated employee ever been convicted of, or is the business entity or any stockholder, partner, director, officer or designated employee currently charged with committing a crime, whether or not adjudication was withheld?</p> <p>"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement explaining the circumstances of each incident;                      b) a copy of the charging document; <i>and</i>                      c) a copy of the official document, which demonstrates the resolution of the charges or any final judgement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Has the business entity or any stockholder, partner, director, officer, member or designated employee ever been involved in an administrative proceeding regarding any professional license?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement identifying the type of license and explaining the circumstances of each incident;                      b) a copy of the Notice of Hearing or other document that states the charges and allegations; and                      c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Has any demand been made or judgment rendered against the business entity or any stockholder, partner, director, officer, member, or designated employee for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangement for repayment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Has the business entity or any stockholder, partner, director, officer, member or designated employee ever been notified by any jurisdiction in which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Is the business entity or any stockholder, partner, director, officer, member or designated employee a party in, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement summarizing the details of each incident;                      b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration; and                      c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Has the business entity or any stockholder, partner, director, officer, member or designated employee ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license; and                      b) copies of all relevant documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>

## Applicant's Certification and Attestation

On behalf of the business entity, the undersigned viatical settlement broker officer of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made, to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child support obligation; or b) has a child support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdiction to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdiction and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdiction to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/ resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

**Must be signed by an officer, director, or partner of the business entity who is a licensed viatical settlement broker.**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code