



Viatical Settlement Broker License Application

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.

Check appropriate box for license requested:

Resident License

Non-Resident License

Identify Home State: _____

Demographic Information

Social Security Number - - -		If assigned, National Producer Number (NPN)			
If applicable, NASD Individual Central Registration Depository (CRD) Number			Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Last Name Jr./Sr., etc.		First Name		Middle Name	Date of Birth mm ___ dd ___ yy ___
Residence/Home Address (physical street)		P.O. Box	City	State	Zip Code
Home Phone Number w/Area Code	Gender (circle one) Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you a Citizen of the United States? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)			
Business Entity Name					
Business Address (physical street)		P.O. Box	City	State	Zip Code
Business Phone Number (include ext.)		Business Fax Number		Business Web Site Address	Business E-Mail Address
Applicant's Mailing Address		P.O. Box	City	State	Zip Code

List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.

List any trade names under which you are currently doing business or intend to do business.

Viatical Settlement Broker Business Entity Affiliation

List your viatical settlement affiliations (complete only if the applicant is to be licensed as an active member of the business entity):

FEIN _____	NPN _____	Name of Viatical Settlement Broker Business Entity _____
FEIN _____	NPN _____	Name of Viatical Settlement Broker Business Entity _____
FEIN _____	NPN _____	Name of Viatical Settlement Broker Business Entity _____

Employment History

Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	Foreign Country	From		To		Position Held
				Month	Year	Month	Year	

Jurisdiction and Type of License Requested

List the states in which you hold a Life Settlement License in #1 below.

List the states in which you hold a Producers License and the lines of authority in #2 below.

1. Life Settlement																				
State of																				
2. Producer																				
State of																				
Lines Held																				

Background Information

The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

	Yes n	No n
<p>1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?</p> <p>"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge 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;</p> <p>b) a certified copy of the charging document; <i>and</i></p> <p>c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgement.</p> <p>If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A _____</p> <p>If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, every been involved in an administrative proceeding regarding any professional or occupational license, or registration?</p> <p>"Involved" means having a license censured, suspended, revoked, canceled, terminated; or being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</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;</p> <p>b) a certified copy of the Notice of Hearing or other document that states the charges and allegations; and</p> <p>c) a certified 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 you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others.</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you been notified by any jurisdiction to 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. Are you currently a party to, or have you 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;</p> <p>b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration; and</p> <p>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. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, 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</p> <p>b) certified copies of all relevant documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer yes:</p> <p>a) By how many months are you in arrearage? _____</p> <p>b) Are you currently subject to a repayment agreement? _____</p> <p>c) Are you the subject of a child support-related subpoena/warrant? _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child support obligations; b) I have a child support obligation and I am currently in compliance with that obligation; or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdiction to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions 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 will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License applications, I certify that I am licensed and in good standing in my home state/ resident state as a Viatical Settlement Broker, have been licensed with the life line of authority in this state or my home/resident state for at least one year (12 months), and have completed the one-time training course of no less than four hours in this state or my home/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).

Month/Day/Year

Original Producer Signature

Full Legal Name (Printed or Typed)