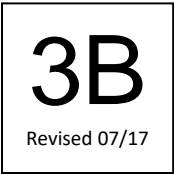




## **VIATICAL SETTLEMENT PROVIDER LICENSING CHECKLIST**

- 1) Application must be completed in its entirety, signed, dated and a check/money order attached in the amount of \$250.
- 2) A copy of the most recent audited financial statement (if available) or, if an audited financial statement is not available, a financial statement confirmed as true and correct by the treasurer or chief financial officer of the applicant.
- 3) Plan of operation which addresses the following points;
  - What markets does the applicant intend to target? What geographic areas?
  - Who will produce business for the applicant and how will these persons be recruited, trained and compensated?
  - What is the anticipated number of persons the applicant plans to have marketing its products or services?
  - What is the total projected Delaware business over the next five years?
  - Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages of all affiliated companies up to and including the ultimate controlling person.
  - Give a detailed description of the steps taken by the applicant to ensure immediate access to viator funds.
  - Give a detailed description of the procedures used by the application for keeping all medical Information confidential.
  - Provide a detailed chart which shows all affiliated entities and all persons who own (directly or indirectly) ten percent or more of the applicant and the percentage of such ownership.
- 4) Provide a certificate of good standing from the state of domicile.
- 5) Provide an anti-fraud plan that meets the requirements of Title 18, Chapter 75, 7514(g)
- 6) Provide a BIO for all persons responsible for the conduct of affairs of the applicant. This will include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant



**APPLICANT MUST PERSONALLY COMPLETE AND SIGN THIS APPLICATION**

(PLEASE PRINT OR TYPE)

**REQUEST FOR VIATICAL SETTLEMENT PROVIDER LICENSE**

Application must be completed and signed by the proprietor, a partner or an officer of the firm

**CORPORATION, PARTNERSHIP, ASSOCIATION, ETC.**

NAME \_\_\_\_\_

F.E.I.N. \_\_\_\_\_

**BUSINESS ADDRESS INFORMATION**

ADDRESS \_\_\_\_\_ SUITE OR BOX NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS EMAIL ADDRESS \_\_\_\_\_ WEBSITE ADDRESS \_\_\_\_\_

**MAILING ADDRESS INFORMATION**

ADDRESS \_\_\_\_\_ SUITE OR BOX NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

ALTERNATE EMAIL ADDRESS \_\_\_\_\_

**STRUCTURE OF COMPANY**

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Limited Liability Partnership	<input type="checkbox"/>	

A. WHAT TYPE OF ORGANIZATION? \_\_\_\_\_

B. DATE OF ORGANIZATION \_\_\_\_\_

C. STATE OF DOMICILE \_\_\_\_\_

Below give a list of the states in which the applicant is doing business as a viatical settlement provider and indicate whether or not the applicant is licensed in that state.

STATE	LICENSED?	STATE	LICENSED?	STATE	LICENSED?

**GENERAL INFORMATION**

1) If the applicant is an alien company, furnish the name, address and telephone number of its American legal counsel.

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2) Give the name and address of the Agent for Service of Process appointed by the applicant.

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3) Give the name and address and telephone number of the contact person or division to whom questions regarding contract and application forms should be directed.

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4) Give the name and address and telephone number of the contact person or division to whom questions regarding consumer complaints should be directed. If available, provide a toll-free telephone number.

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Disclose the identity of all stockholders, partners, officers, members and employees affiliated with entity. The list MUST include the following information and this form may be reproduced:

- Name \_\_\_\_\_
- Social Security Number \_\_\_\_\_
- Resident Address \_\_\_\_\_
- Position \_\_\_\_\_
- Signature \_\_\_\_\_

Except as otherwise indicated below, all of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

- 1) Has the applicant ever had an application denied by any insurance regulatory authority? \_\_YES \_\_NO
- 2) Has the applicant ever been placed under any type of regulatory supervision? \_\_YES \_\_NO
- 3) Has the applicant ever had a Certificate of Authority or license revoked or suspended by any regulatory authority? \_\_YES \_\_NO
- 4) Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions? \_\_YES \_\_NO
- 5) Has the applicant ever changed its name? \_\_YES \_\_NO
- 6) Has the applicant ever redomesticated? \_\_YES \_\_NO
- 7) Within the last five years, has the applicant transferred or encumbered a substantial portion (more than 20%) of its assets or business? \_\_YES \_\_NO
- 8) Within the last five years, has the applicant merged or consolidated with any other entity? \_\_YES \_\_NO
- 9) Within the last five years, has the applicant undergone a change in ownership of 10% or more? \_\_YES \_\_NO
- 10) Is the applicant presently negotiating or inviting negotiations or party to a counter letter which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or business? \_\_YES \_\_NO
- 11) Is the applicant presently negotiating or inviting negotiations or party to a counter letter which would result in a merger or consolidation with any other entity? \_\_YES \_\_NO
- 12) Is the applicant presently negotiating or inviting negotiations or party to a counter letter which would result in a change of ownership of 10% or more? \_\_YES \_\_NO
- 13) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the reasonably foreseeable future? \_\_YES \_\_NO
- 14) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency? \_\_YES \_\_NO
- 15) Has any person who is presently an officer, director, partner, trustee, owner of 10% or more or other such person of the applicant ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or information in any jurisdiction charging a felony or misdemeanor other than minor traffic violations? \_\_YES \_\_NO
- 16) Is the applicant currently engaged in any controversy with any state or federal regulatory agency? \_\_YES \_\_NO
- 17) Is the applicant a defendant in any lawsuit asking for a judgment that is equal to or greater than 10% of the totals assets? \_\_YES \_\_NO
- 18) Is the applicant or its parent corporation a publicly traded company? (If yes, attach a copy of the most recent 10K or equivalent filing.) \_\_YES \_\_NO

**Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.**

- 1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?

Yes \_\_\_ No \_\_\_

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

- 1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony?

Yes \_\_\_ No \_\_\_

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

N/A \_\_\_ Yes \_\_\_ No \_\_\_

- 1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense?

Yes \_\_\_ No \_\_\_

**NOTE:** For Questions 1a, 1b, and 1c "**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 no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

Yes \_\_\_ No \_\_\_

“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, sanctioned 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 or registration. “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.

If you answer yes to any of these questions, you must attach to this application:

- a.) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, 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? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, 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?

Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, 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?

Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- 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.

## Applicant's Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 jurisdictions to which this application is made to give any information they may have 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 comply with the insurance laws and regulations of the jurisdictions 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).
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

**Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:**

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip