



STATE OF COLORADO  
DIVISION OF INSURANCE  
1560 Broadway, Suite 850  
Denver, CO 80202

For Cash Management Use Only

FEE: \$30.00

### Viatical Settlement Producer Affidavit

Producer Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Colorado Producer License Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of First Negotiation: \_\_\_\_\_

I \_\_\_\_\_ Intend to act as a viatical settlement producer in Colorado.  
(producer name)

I have read and understand Title 10, Article 7, Part 6 of the Colorado Revised Statutes and I will operate in accordance therewith. I understand that a viatical settlement producer is deemed to represent only the viator's interests and shall owe a fiduciary duty to act according to the viator's instructions and in the viator's best interests.

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)