



COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE

P. O. Box 517
Frankfort, Kentucky 40602-0517

<http://doi.ppr.ky.gov/>
 502-564-6004

Amt. Rec'd _____
 Date Rec'd _____
 Tracking No. _____
 Cashier: _____
 Amt. Rec'd _____
 Date Rec'd _____
 Tracking No. _____
 Cashier: _____

- Partnership
- Incorporation
- Limited Liability Company
- Limited Liability Partnership

APPLYING FOR:

BROKER BUSINESS ENTITY \$ 750.00
 PROVIDER BUSINESS ENTITY \$1,500.00

Resident Non-Resident

VIATICAL SETTLEMENT BROKER / PROVIDER
BUSINESS ENTITY LICENSE APPLICATION

| | | | | | |
|---|--|--|----------------------------|-------------------------------------|-----------------|
| 1 Business Entity Name | | 2 Incorporation/Formation Date (month) ___(day) ___(year) ____ | | 3 FEIN #: _____ | |
| 4 DBA/Trade Name (if applicable) | | | 5 State of Domicile | | |
| 6 Business Address | | | 7 City | | 8 State |
| | | | | | 9 Zip |
| 10 Phone Number () - | | 11 Fax Number () - | | 12 Business Web Site Address | |
| | | | | 13 Business E-Mail Address | |
| 14 Mailing Address | | | 15 P.O. Box | | 16 City |
| | | | | | 17 State |
| | | | | | 18 Zip |

Designated Licensed Individual Broker or Provider

19 Designate every individual who is authorized to act for the Business Entity under the Business Entity's license. Each designated individual must have the corresponding license as the Business Entity: an Individual Viatical Settlement Broker license if applying for Broker license or an Individual Viatical Settlement Provider license if applying for Provider license). The business Entity must have at least one Designated Licensed Individual Viatical Settlement Broker (if applying for Broker license) or at least one Designated Licensed Individual Viatical Settlement Provider (if applying for Provider license)

| | | | |
|------------|---------|------------|--|
| Name _____ | SSN - - | DOI# _____ | |
| Name _____ | SSN - - | DOI# _____ | |
| Name _____ | SSN - - | DOI# _____ | |
| Name _____ | SSN - - | DOI# _____ | |
| Name _____ | SSN - - | DOI# _____ | |

(Please list additional Individual Brokers or Providers on separate sheet)

Owners, Partners, Officers and Directors

20 Identify all owners, partners, officers and directors 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# _____ | |

(Please list additional Owners, Partners, Officers, and Directors on separate sheet)

Background Information

Ⓜ Please read the following very carefully and answer every question:

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___
 "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 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.
 If you answer yes, you must attach to this application:
 a) a written statement explaining the circumstances of each incident,
 b) a copy of the charging document, and
 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 ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___
 If you answer yes, you must attach to this application:
 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.
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? 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 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 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 or arbitration, and
 c) A copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director 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.

**Applicants Certification and Attestation
Viatical Settlement Broker / Provider Officer Signature**

Ⓜ The undersigned owner, partner, officer or director 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 or denial and may subject me and the business entity to civil or criminal penalties.
2. The business entity 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 insurer.
3. Every owner, partner, officer or director of the business entity 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.
4. I authorize the jurisdictions to give any background information they may have concerning the Business Entity or any owner, partner, officer, or director 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.
5. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure or registration.

SIGNATURE for Certification and Attestation

Business Entity Broker / Provider

SS #

Authorized Representative Signature

Contact Person Name

Print/Type Name and Title

Phone Number

Contact Person's E-Mail Address

Attachments

Business Entity Broker Requirements

1. Must have each individual acting for, or authorized to act for, the business entity viatical settlement broker license, licensed as an individual viatical settlement broker and designated by the business entity with the Department.
2. Submit copies of the following documentation, as applicable;
 Articles of Incorporation; or
 Partnership Agreement; or
 Articles of Organization
3. Certificate of Authority from Kentucky Secretary of State, if non-resident.
4. Resolutions are necessary if there are General Partners of the Partnership or Limited Partnership, Members of the Limited Liability Company, or Officers of the Corporation who will not be acting on behalf of the Partnership, Company, or Corporation under its agent license.
5. Proof of financial responsibility in the amount of \$500,000 per occurrence and \$1,500,000 in the aggregate as set forth in KRS 304.15-700(4). Proof must be submitted on the form prescribed by the Commissioner of Insurance (99-1 for Errors & Omissions, 99-2 for Letter of Credit, or 99-3 for Surety Bond. 99-3 (Surety Bond Form) must be original and have an original Power of Attorney attached.
6. Provide a list of all states in which the viatical settlement broker is licensed.
7. Confirmation from the Life Division of the Kentucky Department of Insurance that the applicant has met the filing and approval of contracts and forms requirements (KRS 304.15-700(2)).
9. Each application for licensure shall be accompanied by a **non-refundable fee in the amount of \$750.**

Business Entity Provider Requirements

1. Must have each individual acting for, or authorized to act for, the business entity viatical settlement provider license, licensed as an individual viatical settlement provider and designated by the business entity with the Department.
2. Submit copies of the following documentation, as applicable;
 Articles of Incorporation; or,
 Partnership Agreement; or,
 Articles of Organization.
3. Provide Certificate of Authority from Kentucky Secretary of State, if non-resident.
4. Resolutions are necessary if there are General Partners of the Partnership or Limited Partnership, Members of the Limited Liability Company, or Officers of the Corporation who will not be acting on behalf of the Partnership, Company, or Corporation under its agent license.
5. Submit an agreement with at least one independent third party trustee.
6. Submit trust agreement with any related provider trust to be used.
7. Provide proof of financial responsibility in the amount of \$500,000 per occurrence and \$1,500,000 in the aggregate as set forth in KRS 304.15-700(4). Proof must be submitted on the form prescribed by the Commissioner of Insurance (99-1 for Errors & Omissions, 99-2 for Letter of Credit, or 99-3 for Surety Bond. Surety Bonds must be original and have an original Power of Attorney attached.)
8. Provide a list of all states in which the viatical settlement provider is licensed.
9. Provide confirmation from the Life Division of the Kentucky Department of Insurance that the applicant has met the filing and approval of contracts and forms requirements (KRS 304.15-700(2)).
10. Each application for licensure shall be accompanied by a **non-refundable fee in the amount of \$1,500.**

Renewal Date: March 31

Viatical Settlement Brokers and Providers
 Licenses issued in an odd year will be renewed in the odd years.
 Licenses issued in an even year will be renewed in the even years.