

**DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE  
788 FAIRVEIW DR., SUITE 300  
Carson City, NV 89701  
(775) 687-4270**

**VIATICAL PROVIDER OR VIATICAL BROKER PACKET**

**GENERAL INFORMATION:**

- < Fees are payable by check or money order to the Division of Insurance. \$1,000.00 for a Viatical Provider and \$500.00 for a Viatical Broker. Fees are not refundable.
- < Corporations, Limited Liability Companies (LLC) and Limited Liability Partnerships (LLP) must contact the Nevada Secretary of State at (775) 684-5703 or at <http://sos.state.nv.us> for any filings they may require.
- < A pending application will only be held for 90 days. After 90 days, if the application has not been completed, it will be destroyed and the fees deemed earned.

**Definitions**

**VIATICAL BROKER:** a person who on behalf of a viator and for a fee, commission or other valuable consideration offers or attempts to negotiate a viatical settlement between the viator and one or more providers of viatical settlements. The term does not include an attorney at law, certified public accountant or financial planner accredited by a nationally recognized accrediting agency who is retained by the viator and whose compensation is not paid by a provider or purchaser of viatical settlements.

**VIATICAL PROVIDER:** a person other than a viator who enters into or effectuates a viatical settlement. The term does not include a bank, savings and loan association, thrift company, credit union or other licensed lender that takes an assignment of a policy as security for a loan; the issuer of a policy that provides accelerated benefits pursuant to the contract; an authorized or eligible insurer that provides stop-loss coverage to a provider or purchaser of viatical settlements; a natural person who enters into no more than one agreement in a calendar year for the transfer of policies for a value less than the expected death benefit; a financing agent; a special organization; a trust for a related provider; or a purchaser of viatical settlements.

< **FORMS PROVIDED IN THIS PACKET:**

Applications

National Association Insurance Commissioners (NAIC) Biographical Affidavits

Fingerprint Cards

Our laws and regulations are available on the internet at [doi.state.nv.us](http://doi.state.nv.us)

# Checklist for Viatical Providers/Brokers

## I. Fees

\$1,000.00 for Viatical Provider or  \$500.00 for Viatical Broker

## II. Application

Use the business entity license application if the applicant is a business entity

Use the Individual license application if the applicant is an individual

## III. Biographical Affidavits and Fingerprints

If a business entity, all persons listed in question 23 must submit a NAIC biographical affidavit as well as the results of a search concerning him/her conducted by the Federal Bureau of Investigation in its national criminal repository for Nevada records of criminal history.

If an individual, you must submit a NAIC biographical affidavit as well as the results of a search concerning you conducted by the Federal Bureau of Investigation in its national criminal repository, and of a search concerning you of the central repository for Nevada records of criminal history.

## IV. Letter of Certification (non-residents organizations only)

Provide an original letter of certification from the Division of Insurance in your state of domicile that is not over 90 days old. If your state does not license viatical providers/brokers, provide an original letter of good standing from the Secretary of State in your state of domicile.

## V. Detailed Plan of Operation

1. The Plan of Operation must be verified by an officer of the corporation, member of the LLC or LLP, or the individual applying for the individual license who has knowledge of the facts set forth in the Plan. Explain the types of business, e.g., viatical settlements contracts, real estates sales, financial investments, etc., that applicant transacts and the geographical locations of each particular type of business. Describe the percentage of overall income and expenses devoted to each type of business. Explain whether the viatical settlements contract business is or will be the applicant's primary or sole business.

2. Describe how applicant, its officers, directors and management avoid conflicts of interests with any affiliates and also with viators. Purchasing or brokering—It may be a conflict of interest to both act as a viatical settlement broker and purchaser. A broker represents the viator in obtaining the best offer from various companies. This fiduciary obligation to the viator might/would conflict with the interests of the purchaser to select the best policies at the lowest rates for itself. Please explain whether applicant's business is either brokering or purchasing or both. Additionally, please explain whether applicant is a Nevada licensed life agent, and if so, whether applicant would agree to not broker life policies which were previously sold by applicant.

3. Discount Rate—Describe in detail applicant's criteria for determining the discount rate, that is, the amount of payment to the policyholder/viator. Include the range of life expectancies and correlating percentages of face amount of the insurance policy to be paid to the viator. Explain how any other factors may affect the discount rate, such as the type of insurance contract, beneficiaries' interests, costs of financing, etc. Please submit Discount Rate Table showing life expectancies in 6-month increments (up to and including a 24-month life expectancy) with the corresponding discount rates. Include a signed statement from the appropriate corporate officer verifying that the discount rate table will be the discount rates that are and will be advertised and paid by your firm (or the firms you broker to). Explain how payment is made to the viator, whether in lump sum or installments, and the timing of the payment(s). Please note that installment payments to the viator and/or retaining monies for later payment to applicant and/or any other beneficiary may constitute the illegal transaction of life insurance.

**4. Past Experience—Enclose a Policy Chart which describes the applicant’s experience for the past three years on each case viaticated. The data to be set forth in separate columns next to each listed viaticated case is: policy face amount, amount(s) paid, date(s) of payment, life expectancy at date of contract (in months), duration from date of contract to date of death (in months and days), date and amount of payment(s) to viator, date of death, age at death, cause of death and viator’s state of residence.**

**5. Financial Resources—Describe all source(s) and term(s) of applicant’s financial resources.**

**6. Securities Exchange Commission (SEC)/Nevada Secretary of State, Securities Division—If applicant uses individual investors or investment pools to fund its policies, please provide a legal opinion signed by legal counsel describing applicant’s investment procedures and how these procedures comply with applicable state and federal securities laws and regulations. Your legal counsel should attach any relevant SEC/Nevada Securities Division filings or other documents which demonstrate applicant’s compliance. Please request your legal counsel to include a reference and explanation of these documents in his/her responding opinion letter.**

**7. Escrow—Please describe in detail applicant’s escrow procedures to: (1)ensure that the entire viaticum will be immediately paid to the viator, (2)prevent mismanagement of applicant’s funds, and (3) ensure that there are sufficient monies to back the offer. Submit copies of all escrow agreements and identify the financial institutions where the escrow accounts are held.**

**8. Trust Accounts--Submit a statement from the trustee of the trust designated to receive the proceeds of the settlement from the independent escrow agent. The trustee of a trust for a related provider must agree in writing with the provider of viatical settlements that the provider is responsible for ensuring compliance with all statutory and regulatory requirements and that the trustee will make all records and files related to viatical settlements available to the commissioner as if those records and files were maintained directly by the provider (Sections 17 and 32(1)).**

**9. Medical Information—Describe applicant’s procedure with regard to the procurement of a written statement from the attending physician concerning the viator’s state of mind (the viator is the policyholder with a catastrophic or life-threatening illness). Explain applicant’s procedures for keeping this and all medical information confidential (Section 30). Attach and describe applicant’s form letters, form medical releases or other formatted written material used for this purpose.**

**10. Viator’s Statement—Describe the applicant’s procedures for obtaining the viator’s statement setting forth his/her understanding and consent.**

**11. Explain in detail what information is provided to the viator and by whom concerning the following subjects. Attach and describe any related written materials, including forms that are used for these purposes.**

- 1. The catastrophic or life-threatening nature of the viator’s illness.**
- 2. The viatical settlements contract.**
- 3. The benefits of the viator’s life insurance policy.**
- 4. The release of medical records.**

**12. Describe what steps applicant takes to ensure that the viator freely and voluntarily enters into the contract and that he/she acknowledges a full and complete understanding of the terms of the contract.**

**13. Attach any additional forms, letters or other written materials used by the applicant not already included. Describe each additional document and its use.**

**14. Viatical Settlements Contract Forms—A provider must submit a copy of all viatical settlement contract forms to be used in Nevada.**

**15. Disclosure and Advice—Describe applicant’s procedures to disclose and advise the viator on the following subjects (Section 27). Explain what information is given, who gives the information and the qualifications of the informing party. Please refer to and attach any forms or other written material used in disseminating the information. The subjects includes:**

- 1. Possible alternatives to viatical settlements contracts.**
- 2. Tax consequences.**
- 3. Effect on public assistance benefits.**

**16. Viator’s Rescission—Describe applicant’s procedures to provide the viator the absolute right to rescind the contract within 15 days of execution and to advise the viator that any waiver of the right to rescind is void (Section 31). Refer to and attach any forms or any other written materials used for this purpose.**

**17. Marketing Techniques—Describe how applicant advertises and markets its business in general. More particularly, detail how individual clients/viators are contacted and communicated with. Explain how marketing representatives and other individuals who have direct contact with clients/viators are recruited, trained and compensated.**

**18. Financial Statements**

**Independent Certified Public Account (CPA) Audited Financial Statements for at least three years or until a profit is shown whichever period is greater. If applicant has an incomplete year of business, has not yet shown a profit or is a new entity, then the Division requests that applicant submit a pro-forma for the relevant period(s) to be prepared by an Independent CPA. The audited and pro-forma financial statements must include a balance sheet, income statement, and any SEC filings. The financial statements must also show litigation expenses as well as out-of-pocket “underwriting” expenses, and/or the costs incurred in processing viators’ applications, and number of policies actually and expected to be viaticated both in and outside of Nevada.**

**19. Verification—Please remember to have the appropriate corporate officer or individual verify the Plan of Operation containing the above information. The verification should read:**

**VERIFICATION**

**The following verification meets the requirements of Nevada for execution of documents inside and outside of Nevada. I verify that the Plan of Operation contained in this application is true and correct.**

**I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

**Note: The application will NOT BE ACCEPTED without the submission of the required independent CPA audited financial statement and/or pro-forma statements.**

# **Business Entity Resident and Nonresident Insurance License Application**

Mailing Address: P O BOX 98572, Las Vegas, NV 89193-8572 Physical Address: 788 Fairview Dr #300, Carson City, NV 89701

(Please Print or Type)

Division Use Only:	Fees: _____	Check #: _____	Application ID#: _____	ORG ID # _____
	Approved by: _____	Date: _____	License No: _____	

① Business Entity Name		② Incorporation/Formation Date (month) ___(day) ___(year)	③ FEIN -
④ DBA (Provide Nevada County Clerk Filing if required by county)		⑤ State of Domicile	⑥ Country of Domicile
⑦ If applicable, NASD Firm Central Registration Depository (CRD) Number		⑧ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⑨ Business Address		⑩ City	⑪ State    ⑫ Zip or Foreign Country
⑬ Phone Number ( ) -	⑭ Fax Number ( ) -	⑮ Business Web Site Address	⑯ Business E-Mail Address
⑰ Mailing Address		⑱ P.O. Box	⑲ City    ⑳ State    ㉑ Zip or Foreign Country

### Designated/Responsible Licensed Producer

㉒ Identify at least one Designated/Responsible Licensed Producer:

Name \_\_\_\_\_ SSN \_\_\_\_\_ - -

Name \_\_\_\_\_ SSN \_\_\_\_\_ - -

Name \_\_\_\_\_ SSN \_\_\_\_\_ - -

Name \_\_\_\_\_ SSN \_\_\_\_\_ - -

### Owners, Partners, Officers and Directors

㉓ Identify all owners, partners, officers and directors of the business entity:

Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -

**Are you now or have you ever been licensed in Nevada? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Background Information**

25 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 \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, 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.

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.

**Background Information**

26 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 and may subject me and the business entity to civil or criminal penalties.
- 2. Nonresidents Only: The business entity hereby designates the Commissioner, of Insurance to be its agent for service of process regarding all insurance matters in the State of Nevada and agrees that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon the business entity.
- 3. The business entity grants permission to the Commissioner of Insurance in the State of Nevada to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- 4. I authorize the State of Nevada to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Nevada 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 State of Nevada to which I am applying for licensure.
- 6. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Must be signed by an officer, director, principal or partner of the business entity:**

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE**

Changes in Nevada's laws go into effect on October 1, 2001. Nevada has adopted the NAIC Producer Licensing Model Act and will issue a Producer License (no more agent, broker or solicitor license)

Check the license type(s) and line(s) of authority for which you are applying.

PRODUCER

SURPLUS LINES BROKER

Currently licensed in Nevada.  Adding qualifications or entity affiliation to an existing license.

<input type="checkbox"/> Individual	<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
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**Major Lines of Authority/Qualifications:**

<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Variable Annuities/Life	<input type="checkbox"/> Property	<input type="checkbox"/> Casualty	<input type="checkbox"/> Surety	<input type="checkbox"/> Personal Lines
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**Limited Lines:**

<input type="checkbox"/> CREDIT	<input type="checkbox"/> FIXED ANNUITIES	<input type="checkbox"/> TRAVEL/BAGGAGE	<input type="checkbox"/> RENTAL CAR AGENCY
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**Other License Types:**

Please note that some license types may have special requirements and / or restrictions. You may access the checklist for your specific license type on our web site at <http://www.doi.state.nv.us>.

<input type="checkbox"/> Insurance Consultant	<input type="checkbox"/> Funeral Agent	<input type="checkbox"/> Cemetery Merchandise Agent	<input type="checkbox"/> Funeral Seller	<input type="checkbox"/> Cemetery Merchandise Seller
<input type="checkbox"/> Motor Club Agent	<input type="checkbox"/> Fraternal Agent	<input type="checkbox"/> Viatical Settlement Broker	Viatical Broker use Individual Application. Viatical Provider use Entity Application.	<input type="checkbox"/> Viatical Settlement Provider

<input type="checkbox"/> Independent Adjuster	<input type="checkbox"/> Public Adjuster	<input type="checkbox"/> Associate Adjuster	<input type="checkbox"/> Motor Vehicle Physical Damage Appraiser
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<input type="checkbox"/> Title Agent	<input type="checkbox"/> Escrow Officer	<input type="checkbox"/> Reinsurance Intermediary Manager	<input type="checkbox"/> Reinsurance Intermediary Broker
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<input type="checkbox"/> Bail Agent	<input type="checkbox"/> Bail Solicitor	<input type="checkbox"/> General Agent for Bail	<input type="checkbox"/> Bail Enforcement Agent
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<input type="checkbox"/> Third Party Administrator for life, health and workers' compensation	<input type="checkbox"/> Utilization Review Agent	<input type="checkbox"/> Managing General Agent
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Nonresident's only: If you do not find your license type listed above you must provide the license type and qualifications you hold in your home state.

**Department of Business & Industry---DIVISION OF INSURANCE**

***Individual Resident and Non-Resident Insurance License Application***

**Mailing Address: P O BOX 98572, Las Vegas, NV 89193-8572 Office Delivery: 788 Fairview Dr #300, Carson City, NV 89701**

(Please Print or Type)

Division Use Only: Fees: \_\_\_\_\_ Check #: \_\_\_\_\_ Application ID#: \_\_\_\_\_  
 IND ID#: \_\_\_\_\_

① Soc. Security Number	② If applicable, NASD Individual Central Registration Depository (CRD) Number
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③ Are you affiliated with a financial institution/bank?  
 Yes  No

④ Last Name JR./SR. etc	⑤ First Name	⑥ Middle Name	⑦ Date of Birth (month) ____ (day) ____ (year) ____
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⑧ Residence/Home Address (Physical Street)	⑨ P.O. Box	⑩ City	⑪ State	⑫ Zip or Foreign Country
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⑬ Home Phone Number ( ) -	⑭ Gender (Circle One) <b>Male Female</b>	⑮ 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 work authorization)
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⑯ **Personal Business Name (dba)** (Provide Nevada County Clerk Filing if you have a physical location in Nevada)

⑰ Business Address (Physical Street)	⑱ P.O. Box	⑲ City	⑳ State	㉑ Zip or Foreign Country
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㉒ Business Phone Number ( ) -	㉓ Business Fax Number ( ) -	㉔ Business E-Mail Address	㉕ Business Web Site Address
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㉖ Applicant's Mailing Address	㉗ P.O. Box	㉘ City	㉙ State	㉚ Zip or Foreign Country
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⑳ If Applicable, beginning date of residency in the State of Nevada: \_\_\_\_\_  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year  
**Nonresidents:** "Home State" where you hold a Resident License

**Agency or Business Entity Affiliations**

㉛ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

**Employment History**

㉜ Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

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

**Are you now or have you ever been licensed in Nevada? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Background Information**

35) The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted of, or are you 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:

- d) a written statement explaining the circumstances of each incident,
- e) a copy of the charging document,
- f) a copy of the official document which demonstrates the resolution of the charges or any final judgment, and
- g) a copy of any 18 USC 1033 waiver you received from any other state Insurance Division (if applicable)

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, 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.

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

- d) a written statement identifying the type of license and explaining the circumstances of each incident,
- e) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- f) 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 you 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, and/or type and location of bankruptcy.

4. 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? Yes \_\_\_ No \_\_\_

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

- d) a written statement summarizing the details of each incident,
- e) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- f) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Have you or any business in which you are or were an 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:

- c) 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
- d) copies of all relevant documents.

**6. CHECK ONLY ONE STATEMENT REGARDING CHILD SUPPORT OBLIGATION:**

I am **NOT SUBJECT** to a court order for the support of a child..... ǿ

I am subject to a court order for the support of one or more children and **AM IN COMPLIANCE** with that order or plan approved by the District Attorney..... ǿ

I am subject to a court order for the support of one or more children and **NOT IN COMPLIANCE** with that order or plan approved by the District Attorney..... ǿ

**Applicants Certification and Attestation**

36) The Applicant must read the following very carefully:

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.

1. Nonresidents Only: Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
2. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
3. I authorize the Commissioner of Insurance 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.
4. I acknowledge that I am familiar with the insurance laws and regulations of the State of Nevada to which I am applying for licensure.

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

\_\_\_\_\_  
Original Applicant Signature

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE**

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- PRODUCER                                       SURPLUS LINES BROKER  
 Currently licensed in Nevada.     Adding qualifications or entity affiliation to an existing license.

<input type="checkbox"/> Individual	<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
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**Major Lines of Authority/Qualifications:**

<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Variable Annuities/Life	<input type="checkbox"/> Property	<input type="checkbox"/> Casualty	<input type="checkbox"/> Surety	<input type="checkbox"/> Personal Lines
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**Limited Lines:**

<input type="checkbox"/> CREDIT	<input type="checkbox"/> FIXED ANNUITIES	<input type="checkbox"/> TRAVEL/BAGGAGE	<input type="checkbox"/> RENTAL CAR AGENCY
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**Other License Types:**

Please note that some license types may have special requirements and / or restrictions. You may access the checklist for your specific license type on our web site at <http://www.doi.state.nv.us>.

<input type="checkbox"/> Insurance Consultant	<input type="checkbox"/> Funeral Agent	<input type="checkbox"/> Cemetery Merchandise Agent	<input type="checkbox"/> Funeral Seller	<input type="checkbox"/> Cemetery Merchandise Seller
<input type="checkbox"/> Motor Club Agent	<input type="checkbox"/> Fraternal Agent	<input type="checkbox"/> Viatical Settlement Broker	<small>Viatical Broker use Individual Application. Viatical Provider use Entity Application.</small>	<input type="checkbox"/> Viatical Settlement Provider

<input type="checkbox"/> Independent Adjuster	<input type="checkbox"/> Public Adjuster	<input type="checkbox"/> Associate Adjuster	<input type="checkbox"/> Motor Vehicle Physical Damage Appraiser
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<input type="checkbox"/> Title Agent	<input type="checkbox"/> Escrow Officer	<input type="checkbox"/> Reinsurance Intermediary Manager	<input type="checkbox"/> Reinsurance Intermediary Broker
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<input type="checkbox"/> Bail Agent	<input type="checkbox"/> Bail Solicitor	<input type="checkbox"/> General Agent for Bail	<input type="checkbox"/> Bail Enforcement Agent
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<input type="checkbox"/> Third Party Administrator for life, health and workers' compensation	<input type="checkbox"/> Utilization Review Agent	<input type="checkbox"/> Managing General Agent
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<input type="checkbox"/> Nonresident's only: If you do not find your license type listed above you must provide the license type and qualifications you hold in your home state.
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# PROCEDURES FOR RESIDENT PRODUCERS TO OBTAIN A CRIMINAL HISTORY REPORT

Effective October 1, 2001, Pursuant to Section 87(3) of Assembly Bill 618

**An applicant for a license as a RESIDENT PRODUCER of INSURANCE must obtain the results of a search concerning him conducted by the Federal Bureau of Investigation in its national criminal records and a search concerning him of the central repository for Nevada records of criminal history and furnish them to the Division of Insurance.**

1. Obtain 2 fingerprint cards from the Division of Insurance. You can use other fingerprint cards if the following **ORI information** is filled out on the card:

**NV920190Z**  
**St Insurance Comm**  
**Carson City NV**  
**Account Number: 880141**

2. Contact or visit the Nevada Highway Patrol Division- Records and Identification Services Section for their procedures for obtaining the criminal history reports and the fees charged.

NHP Records & Identification Service- Carson City (775) 687-1600

<b>808 West Nye Lane</b>	<b>Current Fees:</b>	<b>\$ 4.00 to roll prints</b>
<b>Carson City, NV 89706</b>		<b>\$39.00 for reports</b>

**Cash in exact amount or Money Order to Nevada Highway Patrol**

3. Obtain documentation as proof from the Nevada Highway Patrol that you have requested the criminal history report. Documentation can be a receipt or a copy of the money order or cashiers check you will give to them to pay for the report.

4. Instruct the Nevada Highway Patrol Records & Identification Services section to mail the results of the criminal history reports directly to the Division of Insurance.

**Note:** If an applicant has had no criminal history, as indicated and certified on their application for a license, the commissioner may issue a license before the actual report is received if the applicant provides evidence of their request by furnishing a copy of the receipt obtained from the Nevada Highway Patrol Records Division or other documentation that shows proof of the request.

**The commissioner may suspend, revoke or refuse to continue the license if the applicant's criminal history report shows a conviction or other criminal activity that was not disclosed on their licensing application.**

# BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full Name and Address of Company (Do Not Use Group Names) .

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In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) **IF ANSWER IS 'NO' OR 'NONE', SO STATE.**

1. Affiant's Full Name (Initials Not Acceptable) \_\_\_\_\_

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2. a. Have you ever had your name changed? \_\_\_\_\_ If yes, give the reason for the change

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b. Other names used at any time

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3. Affiant's Social Security Number \_\_\_\_\_

4. Date and Place of Birth \_\_\_\_\_

5. Affiant's Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

6. List your residences for the last ten (10) years starting with your current address giving:

DATE	ADDRESS	CITY, STATE OR COUNTRY
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7. Education: Dates, Names, Locations and Degrees. \_\_\_\_\_

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College \_\_\_\_\_

Graduate Studies \_\_\_\_\_

Others \_\_\_\_\_

8. List memberships in Professional Societies and Associations.

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9. Present or Proposed Position with the Applicant Company.

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10. List complete employment record (up to and including present jobs, positions directorates or officerships) for the past twenty (20) years, giving:

<b>DATES</b>	<b>EMPLOYER AND ADDRESS</b>	<b>TITLE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Present employer may be contacted. Yes No (Circle One)  
Former employers may be contacted. Yes No (Circle One)

12. a. Have you ever been in a position which required a fidelity bond? \_\_\_\_\_  
If any claims were made on the bond, give details. \_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? \_\_\_\_\_  
If yes, give details \_\_\_\_\_

13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state, date license issued, issuer of license, date terminated, reasons for terminations).

14. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or Revoked? \_\_\_\_\_

If yes, give details. \_\_\_\_\_

15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). \_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details \_\_\_\_\_

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates?

If any of the shares or stock are pledged or hypothecated in any way, give details. \_\_\_\_\_

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17. Have you ever been adjudged bankrupt? \_\_\_\_\_

18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency?

\_\_\_\_\_

If yes, give details. \_\_\_\_\_

b. Has any company been so charged, allegedly as a result of any action or conduct on your part? \_\_\_\_\_

\_\_\_\_\_

If yes, give details. \_\_\_\_\_

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? \_\_\_\_\_

20. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? \_\_\_\_\_

\_\_\_\_\_

If yes, give details. \_\_\_\_\_

\_\_\_\_\_

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)