



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF INSURANCE
BUREAU OF PRODUCER SERVICES
ROOM 1209 STRAWBERRY SQUARE
HARRISBURG, PA 17120**

**www.ins.state.pa.us
717-787-3840**

VIATICAL SETTLEMENT BROKER (INDIVIDUAL)

Please type or print clearly in black ink

1. Social Security Number		Are you claiming an examination exemption because you are (1) currently licensed in PA as an insurance producer with life authority, and (2) have been licensed with a life line of authority in this or any other state for at least one full year immediately prior to submitting this application? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, you must provide your PA producer license number. _____		
2. Last Name	3. First Name	4. Middle Name	5. Date of Birth _____ (Month) (Day) (Year)	
6. Residence/Home Address (Physical Location)	7. P. O. Box	8. City		9. State
10. Zip		11. Home Phone Number () ()		
12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		13. Are you a Citizen of the United States? (If NO, of which Country are you a citizen?) <input type="checkbox"/> YES <input type="checkbox"/> NO _____		
14. Business Entity Name (If Applicable)				
15. Business Entity Address (Physical Location)		16. P. O. Box	17. City	
18. State		19. Zip		
20. Business Phone Number () ()	21. Business Fax Number () ()	22. Business E-Mail Address		23. Business Website Address
24. Fictitious Name or Alias (If Any)				

Viatical Settlement Broker/ Business Entity Affiliations

25. List your Viatical Settlement Broker or Entity Affiliation: (Complete only if the applicant engages in the business of viatical settlements under the name of, or will otherwise be affiliated or associated with, a business entity).

Name of Business Entity _____

26. Give a full account of all employment experience starting with your present employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time positions. Attach a separate sheet if necessary.

Name _____ From _____ To _____ Position Held _____

City _____ State _____ Reason for Separation _____

Name _____ From _____ To _____ Position Held _____

City _____ State _____ Reason for Separation _____

Name _____ From _____ To _____ Position Held _____

City _____ State _____ Reason for Separation _____

Name _____ From _____ To _____ Position Held _____

City _____ State _____ Reason for Separation _____

Background Information

27. 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. “CHARGED” includes, but is not limited to pending criminal charges that have not been subject to a final adjudication or disposition and any charges that are pending completion of an accelerated rehabilitated disposition program or any other similar program.

If you answer yes to #1, you must attach to this application:

- a.) a written statement explaining the circumstances of each incident,
- b.) an official, certified copy of the charging document, and
- c.) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment or disposition related to the charges.

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, or any monetary penalty, placed on probation or supervision or surrendering a license to resolve an administrative action or investigation. “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 to #2, you must attach to this application:

- a.) a written statement identifying the type of license and explaining the circumstances of each incident,
- b.) a certified copy of the Notice of Hearing or other document that states the charges or allegations, and
- c.) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment or disposition entered in relation to the charges.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured, insurance producer, or a viatical settlement or securities entity or client, or have you ever been subject to a bankruptcy proceeding? YES NO

If you answer yes to #3, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type, date, and location of bankruptcy.

4. Have you been notified by any jurisdiction in Pennsylvania of any delinquent tax obligation that is not the subject of a repayment agreement? YES NO

If you answer yes to #4, identify the jurisdiction(s) _____

5. Are you currently a party to, or have you ever been found liable or adjudged guilty in, any lawsuit, arbitration or other civil, criminal or administrative proceeding involving allegations of fraud, misappropriation, improper commingling or conversion of funds, misrepresentation or breach of trust or fiduciary duty? YES NO

If you answer yes to #5, you must attach to this application:

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

6. 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 to #6, 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 all relevant documents.

Name _____

Social Security Number _____

7. Are you the subject of a child support related subpoena or warrant? YES NO

8. Do you have a child support obligation in arrearage? YES NO

If you answer yes to #8, by how many months are you in arrearage? _____ Months

**Applicant must complete Certification and Attestation.
Please include any and all attachments that need to accompany this application.**

28. 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. I further certify that I grant permission to the Insurance Department to verify or investigate any information included in, or related to, this application with any federal, state or local government agency, current or former employer, insurance, securities or viatical settlement related entity.
3. I further certify that, under penalty of perjury, either a.) I have no child-support obligation, or b.) I have a child-support obligation and I am currently in compliance with that obligation.
4. I authorize the Insurance Department 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 Insurance Department and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I am familiar with and agree to comply with the applicable insurance and viatical settlement laws and regulations of the Commonwealth of Pennsylvania.

Month Day Year

Original Applicant Signature (No photocopies or stamps allowed)

Full Legal Name (Typed or Printed)