

Application for Licensure as Viatical Settlement Provider

(Please Print or Type)

New Application	
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Renewal	
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If there have been no changes in the documentation submitted since licensure or the last renewal, submit the completed application, renewal fee and items listed in the Schedule of Requirements located on our website at www.in.gov/idoi

Applicant Name		Incorporation/Formation Date (month) ____ (day) ____ (year) ____		FEIN —	
DBA/Trade Name: (if applicable)		State of Domicile		Country of Domicile	
Applicant Type (individual, corporation, partnership, LLC etc)		Resident or Non Resident			
Business Address		City		State	Zip or Foreign Country
Phone Number () -	Fax Number () -	Business Web Site Address		Business E-Mail Address	
Mailing Address (if different from business address)		P.O. Box	City	State	Zip or Foreign Country
Contact Person Name		Contact Person E-Mail Address		Contact Person Phone Number	

List below all officers, directors, partners, trustees or members and any stockholders or investors having 10% or greater interest

Name	Title	Percentage (if applicable)

I certify that ☐ there have been no changes to any application information and documentation submitted during the last year

I certify that ☐ there have been changes to the previously submitted application information and the revised documentation is included as Attachment #1 or explained in the cover letter.

Jurisdictions															
Indicate Jurisdiction(s) to which you are currently licensed (L) or applying (A)															
AL		CT		ID		ME		MT		NC		RI		VA	
AK		DC		IL		MD		NE		ND		SC		WA	
AS		DE		IN		MA		NV		OH		SD		WV	
AZ		FL		IA		MI		NH		OK		TN		WI	
AR		GU		KS		MN		NJ		OR		TX		WY	
CA		GA		KY		MS		NM		PA		UT			
CO		HI		LA		MO		NY		PR		VT			
Indicate Jurisdiction(s) to which at any time you were licensed (L) or engaged (E) in business															
AL		CT		ID		ME		MT		NC		RI		VA	
AK		DC		IL		MD		NE		ND		SC		WA	
AS		DE		IN		MA		NV		OH		SD		WV	
AZ		FL		IA		MI		NH		OK		TN		WI	
AR		GU		KS		MN		NJ		OR		TX		WY	
CA		GA		KY		MS		NM		PA		UT			
CO		HI		LA		MO		NY		PR		VT			
Background Information															
Please read the following very carefully and answer every question: 1. Has the applicant or any entity that controls the applicant, or any owner, partner, officer, director, trustee or member ever been convicted of, or is the applicant or any owner, partner, officer, director, trustee or member 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 applicant or any entity that controls the applicant, or any owner, partner, officer, director, trustee or member 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 applicant or any entity that controls the applicant, or any owner, partner, officer, director, trustee or member for overdue monies by an insurer, insured, producer, or anyone else 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 applicant or any owner, partner, officer, director, trustee or member 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 applicant or any entity that controls the applicant or any owner, partner, officer, director, trustee or member 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.															

Background Information

6. Has the applicant or any entity that controls the applicant or any owner, partner, officer, director, trustee or member ever had a contract or any other business relationship 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.

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

Yes/ No/NA

1. Provide certified copies of all basic organizational documents, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement and other applicable documents and all amendments to those documents. (Not required for renewals, unless information has changed) _____
2. Provide copies of all bylaws, rules, regulations or similar documents regulating the internal affairs of the viatical provider. (Not required of renewals, unless information has changed) _____
3. Copy of organizational chart showing the relationship of the applicant to affiliates. Identify any affiliate that is an insurance company licensed in Indiana. _____
4. List of all business licenses per 760 IAC 1-61-4(b). (Not required for renewals, unless information has changed) _____
5. Originally signed and notarized [Biographical Affidavits](#) must be provided for each individual listed under #1 of this application. (For renewals, only required for new owner, partner, officer, director, trustee or member) _____
6. Most recent Financial Statement that has been compiled in a manner consistent with generally accepted accounting principles (GAAP) and is accompanied by either an opinion by an independent accounting firm or a statement by an officer that financials were prepared in accordance with GAAP. If the applicant has been in business for less than a year, submit financial reports that have been prepared in accordance with GAAP and certified by an officer of the applicant. _____
7. Plan of operation for the applicant's business, including, but not limited to, information regarding or identifying the following items: (Not required of renewals, unless information has changed) _____
 - a) Escrow accounts and banks.
 - b) Advertising and agents, brokers, or other distribution system to be used.
 - c) Marketing techniques to be used.
 - d) Market training program.
 - e) Entities with whom the applicant will contract for services in connection with the acquisition, pricing, and servicing of viatical settlement contracts.
8. Copies of all documents filed with the Securities and Exchange Commission or any state securities regulator. (Not required of renewals, unless information has changed) _____
9. Copies of disclosure form as per IC 27-8-19.8-23 and IAC 760 1-61-7 with corresponding disclosure checklist. (Not required of renewals, unless information has changed) _____
10. Copy of viatical settlement contract as per IAC 760 1-61-6 with corresponding contract checklist form. (Not required of renewals, unless information has changed) _____
11. Copy of brochure describing the viatical or life settlement process per IC 27-8-19.8-23 (Not required for renewals) _____
12. Submit the licensure fee of \$1,000 or renewal fee of \$500, make payment to the Indiana Department of Insurance _____
13. Agent for Service of Process appointing the Insurance Commissioner for all Non-Resident Providers (Not required for renewals) _____

**Mail all items to: Company Admission Coordinator
Indiana Department of Insurance
311 W. Washington St, Suite 300
Indianapolis, IN 46204**

Applicants Certification and Attestation

The undersigned owner, partner, officer, director, trustee or member of the applicant hereby swears and affirms:

1. All of the information submitted in this application and attachments are 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 applicant to civil or criminal penalties.
2. Where required by law, the applicant 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 applicant.
3. The applicant 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, director, trustee or member of the applicant 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 give any information they may have concerning me 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 am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration and agree to comply with the requirements set forth in IC 27-8-19.8 et al and IAC 760 1-61.
7. I further agree that any material change in the information in the application or renewal form will be reported within thirty (30) days as to when change will take effect.

Must be signed by an officer, director, principal or partner of the applicant:

Month Day Year

Signature

Typed or Printed Name

Title

Address

City

State

Zip