

Life Settlement Broker Business Entity Application
Amendment
 (Please Print or Type)

Instructions

1. Verify all demographic information is correct.
2. Read and answer the background questions listed below.
3. Certify that the information provided is true and correct by signing your name under the certification and attestation section.

Demographic Information

Federal Employer Identification No. (FEIN)		Rhode Island Life Producer # (for business entity)		National Producer #	
Business Entity Name					
Business Address (Physical Location)					
PO Box		City		State	
				Zip Code	
Phone #	Fax #	Business Web Site Address		Business E-Mail Address	
Mailing Address		City		State	
				Zip Code	

List any name other than the legal business name under which you are doing business

Designated Responsible Licensed Producer

At least one licensed life insurance producer who is registered to negotiate life settlement transactions in this state must be listed and is responsible for the business entity's compliance with the insurance and life settlement laws and regulations of this state.

Name _____ RI License # _____ SSN _____

Name _____ RI License # _____ SSN _____

Name _____ RI License # _____ SSN _____

List the Life Settlement Providers with whom you will be transacting business

Viatical Provider _____

Viatical Provider _____

Viatical Provider _____

1. Since the last renewal of your life producer license or initial application, 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. Yes ___ No ___

“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 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

2. Since the last renewal of your life producer license or initial application, 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 certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Since the last renewal of your life producer license or initial application, 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? Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Since the last renewal of your life producer license or initial application in this state, has the business entity or any owner, partner, officer or director been a party to or been found liable in a 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 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.

Certification and Attestation

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. 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. Where required by law, the business entity 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 business entity.
- 3. 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 insurance company.
- 4. 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.
- 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 understand and comply with the insurance and life settlement laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- 7. If required, I have received a Certificate of Good Standing from the jurisdiction’s Secretary of State in which I am applying.
- 8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Must be signed by designated licensed/responsible produce r.

Month Day Year

Signature

Typed or Printed Name