



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
Department of Business Regulation  
**INSURANCE DIVISION**  
1511 Pontiac Avenue, Bldg. 69-2  
Cranston RI 02920  
Telephone No. (401) 462-9520  
[www.dbr.ri.gov](http://www.dbr.ri.gov)

FAX No. (401) 462-9602

***INSTRUCTIONS AND APPLICATION FOR LIFE SETTLEMENT BROKER  
(Resident and Non-Resident)***

***\*\*All producers are strongly encouraged to apply online at [www.nipr.com](http://www.nipr.com)\*\****

***\*\*Please note that Rhode Island no longer mails “hard copy” licenses. To print a license you should access the following link: [https://sbs-ri.naic.org/Lion-Web/jsp/login/login\\_lsx.jsp](https://sbs-ri.naic.org/Lion-Web/jsp/login/login_lsx.jsp)\*\****

- ❑ To amend your current Rhode Island (resident or non-resident) life producer license the fee is **\$50.00**
- ❑ To apply for an initial license the fee for a resident is **\$120.00** and the fee for a non-resident is **\$130.00**. NAIC Uniform applications can be downloaded by accessing the following link:  
**[http://www.dbr.ri.gov/documents/divisions/insurance/licensing/insurance\\_producer/InsuranceProducerLicensingInstructionsApplication.pdf](http://www.dbr.ri.gov/documents/divisions/insurance/licensing/insurance_producer/InsuranceProducerLicensingInstructionsApplication.pdf)**
- ❑ Check or money order should be made payable to the **General Treasurer, State of Rhode Island**
- ❑ All background questions answered “**yes**” require a written explanation and supporting documentation

**MAIL TO:** State of Rhode Island and Providence Plantations  
 Department of Business Regulation  
 Insurance Division  
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## Individual Life Settlement Broker Application

(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

1. Social Security Number — —	2. Rhode Island Life Producer #	3. National Producer #		
4. Last Name JR./SR. etc		5. First Name		
6. Residence/Home Address (Physical Location)	7. P.O. Box	8. City	9. State	10. Zip Code
11. Employer Name				
12. Business Address (Physical Street)	13. P.O. Box	14. City	15. State	16. Zip Code
17. Business Phone #	18. Business Fax #	19. Business E-Mail Address		
20. Mailing Address    ___ Residence    ___ Business				
21. List any name other than your legal name under which you are doing business				

### Background Information

1. Since the last renewal of your life producer license or initial application, have you 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 have a felony conviction, have you applied for a waiver as required by 18 USC 1033?    N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)    N/A \_\_\_ Yes \_\_\_ No \_\_\_

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, 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:

- 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, do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes to Question 3, by how many months are you in arrearage? \_\_\_\_\_ Months

4. Since the last renewal of your life producer license or initial application, are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_

### Certification and Attestation

The producer 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. Where required by law, I hereby designate the Commissioner or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all life settlement matters in the respective jurisdiction and agree that service upon the Commissioner or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. 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.
5. I authorize the jurisdictions 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.
6. I acknowledge that I understand and will comply with the life settlement laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I am licensed and in good standing in my home state/resident state as an insurance producer with a life line of authority requested from the non-resident state.

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Full Legal Name (Printed or Typed)