



## Viatical Settlement Broker Renewal Application

**Important Notice:** Disclosure of this information is required under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.

**Fee Requirement:** Attach a check or money order for \$500 payable to the Director of Insurance.

|   |       |                                 |
|---|-------|---------------------------------|
| Name of Applicant                                 |       | Social Security # or License #  |
| Resident Address (number and street)              |       | Room #                          |
| City  | State | Zip Code                        |
| Assumed name(s) under which you do business (DBA) |       | Telephone # (include area code) |
| Business E-mail Address                           |       |                                 |

### Background Information

1. Have you been convicted of a crime, had a judgement withheld or deferred, or are you currently charged with committing a crime, which has not been previously reported to this state? Yes  No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having 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,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgement.

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

2. Have you been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration, which has not been previously reported to this state? Yes  No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probations 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 judgement.

3. Do you have a child support obligation in arrearage, which has not been previously reported to this state? Yes  No

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes  No
- c) are you the subject of a child support related subpoena/warrant? Yes  No

# Applicant's Certification and Attestation

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. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director 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 insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director 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 Director of Insurance, or other appropriate party in each jurisdiction for which the 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, a) I have no child support obligations; b) I have a child support obligation and I am currently in compliance with that obligation; or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdiction 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 comply with the insurance laws and regulations of the jurisdiction to which I am applying for license/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state as a Viatical Settlement Broker, have been licensed with the life line of authority in this state or my home/resident state for at least one year (12 months), and have completed the one-time training course of no less than four hours in this state or my home/resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

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Month/Day/Year

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Original Producer Signature

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Full Legal Name (Typed or Printed)