

- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership



STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
 941 "O" Street, Suite 400
 Lincoln, NE 68508-3639
<http://www.nol.org/home/NDOI>
 402/471-2201

For Department Use Only

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VIATICAL SETTLEMENT BROKER BUSINESS ENTITY LICENSE APPLICATION

(Please Print or Type)

1) Business Entity Name		2) Incorporation/Formation Date (month) _____ (day) _____ (year) _____		3) FEIN# _____	
4) DBA/Trade Name (if applicable)			5) State of Domicile _____		
6) Business Address			7) City		8) State
					9) Zip
10) Phone Number () -		11) Fax Number () -		12) Business Web Site Address	
				13) Business E-Mail Address	
14) Mailing Address		15) P. O. Box	16) City		17) State
					18) Zip

Designated Licensed Individual Broker or Provider

19) Designate every individual who is authorized to act for the Business Entity under the Business Entity's license. Each designated individual must have an individual Viatical Settlement Broker license. The Business Entity must have at least one Designated Licensed Individual Viatical Settlement Broker who is responsible for the Business Entity's compliance with the laws, rules and regulations of the State of Nebraska.

Name _____ SSN _____ - _____ - _____ DOI # _____
 Name _____ SSN _____ - _____ - _____ DOI # _____
 Name _____ SSN _____ - _____ - _____ DOI # _____
 Name _____ SSN _____ - _____ - _____ DOI # _____

(Please list additional Individual Brokers on separate sheet)

Stockholders, Partners, Directors, Officers, Members, and Designated Employees

20) Identify all stockholders, partners, directors, officers, members and designated employees of the business entity:

Name _____ Title _____ SSN _____ - _____ - _____
 Address _____ DOI # _____
 Name _____ Title _____ SSN _____ - _____ - _____
 Address _____ DOI # _____
 Name _____ Title _____ SSN _____ - _____ - _____
 Address _____ DOI # _____
 Name _____ Title _____ SSN _____ - _____ - _____
 Address _____ DOI # _____
 Name _____ Title _____ SSN _____ - _____ - _____
 Address _____ DOI # _____
 Name _____ Title _____ SSN _____ - _____ - _____
 Address _____ DOI # _____

(Please list additional Stockholders, Partners, Directors, Officers, Members and Designated Employees on separate sheet)

Background Information

21) Please read the following very carefully and answer every question:

1. Has the business entity or any stockholder, partner, director, officer, member or designated employee ever been convicted of, or is the business entity or any stockholder, partner, director, officer or designated employee 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 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 business entity or any stockholder, partner, director, officer, member or designated employee ever been involved in an Administrative proceeding regarding any professional license? Yes ____ No ____

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 business entity or any stockholder, partner, director, officer, member, or designated employee for overdue monies by an insurer, insured or producer, 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 arrangement for repayment.

4. Has the business entity or any stockholder, partner, director, officer, member or designated employee ever been notified by any jurisdiction in 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 business entity or any stockholder, partner, director, officer, member or designated employee a party in, 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.

6. Has the business entity or any stockholder, partner, director, officer, member or designated employee 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, 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.

Applicant's Certification and Attestation

22) The undersigned stockholder, partner, director, officer, member or designated employee of the business entity hereby certifies as the authorized representative of the business entity, under penalty of perjury, that:

1. All of the information admitted in this application and attachments is 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 revocation and may subject me and the business entity to civil or criminal penalties.
2. The business entity grants permission to the Director of Insurance to verify any information supplied with any federal, state, or local government agency, current or former employer or insurance company.
3. Each individual authorized to act for the business entity under this license 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.
4. I authorize the jurisdictions to give any information they may have concerning me or the business entity 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.
5. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which the business entity is applying for licensure.

Viatical Settlement Broker/Provider Officer Signature

23) Complete this section.

Signature for Certification and Attestation

Business Entity Broker

SS#

Authorized Representative Signature

Contact Person Name

Print/Type Name and Title

Phone Number

Contact Person's E-Mail Address

Notary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

(SEAL)

NOTARY PUBLIC

COMMISSION EXPIRES

Attachments

Business Entity Broker Requirements

1. Must have each individual acting for, or authorized to act for, the business entity licensed as an individual viatical settlement broker and designated by the business entity with the Department of Insurance.
2. Submit copies of the following documentation as applicable: Articles of Incorporation, Partnership Agreement, Articles of Organization.
3. Certificate of Authority from domicile state, if applicable.
4. Resolutions are necessary if there are General Partners or Limited Partners of the Partnership or Members of the Limited Liability Company or Officers of the Corporation who will not be acting on behalf of the Partnership, LLC or Corporation under its business entity license.
5. Provide a list of all states in which the business entity is licensed as a viatical settlement broker.
6. Each application for licensure shall be accompanied by a \$40.00 licensing fee.

Renewal Date: April 30th of each year with the payment of a \$40.00 renewal fee.