



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF INSURANCE  
BUREAU OF COMPANY LICENSING  
AND FINANCIAL ANALYSIS  
1345 STRAWBERRY SQUARE  
HARRISBURG, PA 17120  
[www.insurance.pa.gov](http://www.insurance.pa.gov)  
717-787-2735**

**VIATICAL SETTLEMENT PROVIDER (INDIVIDUAL)**

1. Social Security Number		Mail correspondence to my: <input type="checkbox"/> Residence <input type="checkbox"/> Business			
2. Last Name	3. First Name	4. Middle Name	5. Date of Birth (Month) (Day) (Year)		
6. Residence/Home Address (Physical Location)		7. P. O. Box	8. City	9. State	10. Zip
11. Home Phone Number ( )		12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		13. Are you a Citizen of the United States? (If NO, of which Country are you a citizen?) <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. Business Entity Name (If Applicable)					
15. Business Entity Address (Physical Location)		16. P. O. Box	17. City	18. State	19. Zip
20. Business Phone Number ( )	21. Business Fax Number ( )	22. Business E-Mail Address		23. Business Website Address	
24. Fictitious Name or Alias (If Any)					
25. <b>The applicant <u>MUST READ</u> the following very carefully and <u>ANSWER EVERY QUESTION</u>:</b>					
<p>A. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“<i>CRIME</i>” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations, summary offenses and juvenile offenses. “<i>CONVICTED</i>” 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. “<i>CHARGED</i>” includes, but is not limited to, pending criminal charges that have not been subject to a final adjudication or disposition and any charges that are pending completion of an accelerated rehabilitative disposition program or any other similar program.</p> <p><i>If you answer yes, you must attach to this application:</i></p> <p>i. a written statement explaining the circumstances of each incident,</p> <p>ii. an official, certified copy of the charging document, and</p> <p>iii. a certified copy of the official document which demonstrates the resolution of the charges or any final judgment or disposition related to the charges.</p> <p>B. Have you or any business in which you are or were an owner, partner, officer, director, stockholders owning 10% or more interest, or manager, or any business over which you had a material influence of its activities ever been involved in an administrative proceeding regarding any professional or occupational license? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“<i>INVOLVED</i>” means having a license censured, suspended, revoked, canceled, terminated; or being assessed a fine, or any monetary penalty, placed on probation or supervision or surrendering a license to resolve an administrative action or investigation. “<i>INVOLVED</i>” also</p>					

placed on probation or supervision or surrendering a license to resolve an administrative action or investigation. "INVOLVED" also means being named as a party to an administrative or arbitration proceeding that 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. "LICENSE" includes any license, certificate, permit, certification, qualification, or designation issued by any federal, state or local governmental entity, administrative board, regulatory body or any other public or private entity, the issuance of which permits or authorizes a person to engage in a profession or occupation or perform specific activities relating to a profession or occupation.

If you answer yes, you must attach to this application:

- i. a written statement identifying the type of license, the license number and the issuing body, and explaining the circumstances of each incident,
- ii. an official, certified copy of the Notice of Hearing or other document that states the charges or allegations, and
- iii. an official, certified copy of the document that demonstrates the resolution of the charges or any final judgment or disposition entered in relation to the charges or allegations.

C. Are you currently, or have you ever, held a license related to the business of insurance or securities?  YES  NO

"BUSINESS OF INSURANCE OR SECURITIES" includes acting as an insurance producer, agent, broker, third party administrator, bail bondsman, motor vehicle physical damage appraiser, securities dealer or broker, or under any other individual or business entity license issued by the Department or any other state or federal insurance or securities regulator.

If you answer yes, you must attach to this application a written statement identifying the type of license, the license number (including any national license number if applicable) and the issuing body.

D. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured, insurance producer, or a viatical settlement or securities entity or client, or have you ever been subject to a bankruptcy proceeding?  YES  NO

If you answer yes, you must attach to this application a written statement summarizing the details of the indebtedness and arrangements for repayment, and/or type, date, and location of the bankruptcy, as well as official, certified copies of any court documents pertaining to such demand, judgment or bankruptcy.

E. Have you been notified by any jurisdiction in Pennsylvania of any delinquent tax obligation that is not the subject of a repayment agreement?

YES  NO

If you answer yes, you must attach to this application a written statement identifying the jurisdiction(s) to which delinquent taxes are owed and the amount(s) owed.

F. Are you currently a party to, or have you ever been found liable, or adjudged guilty in, any lawsuit, arbitration or other civil, criminal or administrative proceeding involving allegations or charges of fraud, misappropriation, improper commingling or conversion of funds, misrepresentation or breach of trust or fiduciary duty?  YES  NO

If you answer yes, you must attach to this application:

- i. a written statement summarizing the details of each incident,
- ii. an official, certified copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration or legal proceeding, and
- iii. an official, certified copy of the documents that demonstrate the resolution of the allegations or charges or any final judgment.

G. Have you or any business in which you are or were an owner, partner, officer or director 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:

- i. a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a viatical settlement license, and
- ii. copies all relevant documents.

H. Are you the subject of a child support related subpoena or warrant?  YES  NO

I. Do you have a child support obligation in arrearage?  YES  NO

If you answer yes, you must attach to this application a statement identifying the number of months and the amounts that you are in arrearage.

26. **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. I further certify that I grant permission to the Insurance Department to verify or investigate any information included in, or related to, this application or any attachment with any federal, state or local government agency, current or former employer, or any insurance, securities or viatical settlement related entity.
3. 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.
4. I authorize the Insurance Department to give any information concerning me, as permitted by law, to any federal, state or local agency, or any other organization and I release the Insurance Department and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I am familiar with and agree to comply with the applicable insurance and viatical settlement laws and regulations of the Commonwealth of Pennsylvania.

\_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
Original Applicant Signature (No photocopies or stamps allowed)

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

### **Attachments**

Submit the following documentation, if applicable:

1. a biographical affidavit (NAIC format),
2. certified copy of Certificate of Good Standing from the applicant's state of incorporation and domicile (if different than state of incorporation),
3. copy of Fictitious Name Filing, if required, made with Pennsylvania Department of State,
4. a CPA report on the applicant that is not more than one year and 120 days old,
5. an unaudited financial statement for the most recent quarter,
6. a surety bond in the amount of not less than \$100,000 (attach a copy of the bond to this application),
7. a detailed Plan of Operation within Pennsylvania (at a minimum addressing procedures to insure confidentiality of viator personal information and procedures to insure individuals acting on behalf of the licensee adhere to the requirements of the Viatical Settlement Act),
8. a certification of implementation of an antifraud plan meeting the requirements of section 10(g) of the Viatical Settlements Act, and
9. each application for licensure shall be accompanied by a non-refundable fee in the amount of \$300.