

# State of California Individual Application for Life Settlement Broker License (Type or print clearly)

<b>Application Type: Life Settlement Broker</b>							
① Last Name		② First Name					
③ Full Middle Name		④ Suffix					
⑤ Social Security Number (SSN)*		⑥ <input type="checkbox"/> Male <input type="checkbox"/> Female	⑦ Date of Birth (month/day/year)				
⑧ Resident Address (P.O. Box <b>not</b> acceptable)		⑨ City	⑩ State <input type="checkbox"/> Zip Code				
⑫ Home Phone Number ( )	⑬ Are you a citizen of the United States? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, you must supply a copy of both sides of your work authorization)						
⑭ Business Address (P.O. Box <b>not</b> acceptable.)		⑮ City	⑯ State <input type="checkbox"/> Zip Code				
⑰ Business Phone Number ( )	⑱ Business Fax Number ( )	⑳ E-mail Address	㉑ Business Web Site Address				
㉒ Mailing Address (P. O. Box <b>is</b> acceptable)		㉓ City	㉔ State <input type="checkbox"/> Zip Code				
<b>㉖ WORK/PERSONAL HISTORY</b>							
Account for all time for the past five years. Give all employment experiences starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education. Attach separate sheet, if needed.							
		From Month Year		To Month Year		Position Held	
Name							
City		State					
Name							
City		State					
Name							
City		State					
Name							
City		State					
㉗ Do you now hold, or have you ever held an insurance license as a resident in this state or any other state?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list other states; attach separate piece of paper if necessary.							
Type of License		State or Province		Date License Held		Is License in Force?	

\* Disclosure of your U. S. social security number is mandatory pursuant to Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a) (2) (B) and 7(b). Your social security number will be used primarily for purposes of processing your application, including conducting any necessary investigation into your background. If you fail to disclose your social security number, your application will not be reviewed. An individual has a right of access to certain records containing personal information pertaining to that individual. Individuals may obtain information regarding the location of their records by contacting the Bureau Chief, Producer Licensing Bureau, California Department of Insurance by phone (800-967-9331) or by mail, to the following address: 320 Capitol Mall, Sacramento CA 95814.

**28 AKA/ALIAS**

List previously and currently used aliases and maiden names, if any. If you are currently using an "also known as" (AKA) name which you desire to be noted on record, so state. Abbreviations of true name or **nicknames** are not acceptable.

Are you now using or have you ever used any name other than shown? .....  Yes  No

If yes, list names, dates and reason(s) used:

Last	First	Middle	Suffix	Dates Used	Reason Used

**29 FICTITIOUS NAMES:**

Do you intend to use a fictitious (DBA) name? .....  Yes  No

If yes, list the name: (This name must be approved by the Department prior to use.)

**30 15-Hours of Life Settlement Continuing Education Certificate is required for Life Settlement Brokers and Life Agents that are licensed for less than one year:**

Do you certify that you have completed the 15-Hour Life Settlement Continuing Education? .....  Yes  No

If no, the 15-hour continuing education must be completed prior to the issuance of your license.

If yes, you must provide the completion date: \_\_\_\_\_

**BACKGROUND INFORMATION**

**31** IF YOU FAIL TO FULLY DISCLOSE ANY INFORMATION THAT IS REQUESTED OR IF YOU MAKE A FALSE STATEMENT, YOUR APPLICATION MAY BE DENIED.

1. Have you ever been convicted of a felony? .....  Yes  No

For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.

If you answer "Yes" to this BACKGROUND question, you must attach to this application \*\*:

- a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and
- b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.

2a. Have you ever been convicted of a felony involving dishonesty or a breach of trust? .....  Yes  No

Federal law (18 U.S.C. 1033) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust or who has been convicted of any violation of 18 U.S.C. 1033 and 1034 from conducting the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to conduct business of insurance without the Commissioner's written consent. If you have been convicted of a felony involving dishonesty or a breach of trust or a violation of 18 U.S.C. 1033 and 1034, then you must attach a copy of this consent. If you have not obtained this written consent you must do so prior to filing your application.

2b. If "Yes", have you received consent from the California Insurance Commissioner? .....  Yes  No

For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.

If you answered "Yes" to this BACKGROUND question 2a, you must attach to this application \*\*:

- a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and
- b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.

3. Have you ever been convicted of a misdemeanor? .....  Yes  No

For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.

If you answer "Yes" to this BACKGROUND question, you must attach to this application \*\*:

- a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and
- b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.

**Background information continued**

**IF YOU FAIL TO FULLY DISCLOSE ANY INFORMATION THAT IS REQUESTED OR  
IF YOU MAKE A FALSE STATEMENT, YOUR APPLICATION MAY BE DENIED.**

4. Have you ever been convicted of a military offense? .....  Yes  No

For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.

If you answer "Yes" to this BACKGROUND question, you must attach to this application \*\*:

- a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and
- b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.

5. Are you currently charged with committing a crime? .....  Yes  No

"Crime" includes a felony, a misdemeanor or a military offense. You may exclude traffic citations but should include driving offenses such as, but not limited to, reckless driving, driving under the influence and driving with a suspended license.

If you answer "Yes" to this BACKGROUND question, you must attach to this application \*\*

- a) a written statement, with original signature, explaining the circumstances of each charge; and
- b) certified copies of the charging documents.

6. Have you ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license? .....  Yes  No

"Involved" means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named 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 denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "Yes" to this BACKGROUND question, you must attach to this application \*\*:

- a) a written statement, with original signature, explaining the circumstances of each disciplinary incident; and
- b) certified copies of the Notice of Hearing or other document that states the charges and allegations, and of the document which demonstrates the resolution of the charges or any final judgment.

7. Has any business in which you were an owner, partner, officer or director ever been involved in an administrative proceeding (including matters with the Department of Insurance)?... .....  Yes  No

"Involved" means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on Probation or surrendering a license to resolve an administrative action. "Involved" also means being named 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 denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "Yes" to this BACKGROUND question, you must attach to this application \*\*:

- a) a written statement, with original signature, explaining the circumstances of each disciplinary incident; and
- b) certified copies of the Notices of Hearing or other documents that state the charges and allegations, and of any document Which demonstrate the resolution of the charges or any final judgment.

8. Has any demand been made or judgment rendered against you for any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? (only include bankruptcies that involve funds held on behalf of others) ...  Yes  No

If you answer yes, submit a statement, with an original signature, summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

9. Have you ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? .....  Yes  No

If you answer "Yes" to this BACKGROUND question, identify the jurisdiction(s): \_\_\_\_\_

**Background information continued**

**IF YOU FAIL TO FULLY DISCLOSE ANY INFORMATION THAT IS REQUESTED OR  
IF YOU MAKE A FALSE STATEMENT, YOUR APPLICATION MAY BE DENIED.**

**10.** Are you currently a party to or have you 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" to this BACKGROUND question, you must attach to this application \*\*:

- a) a written statement, with original signature, summarizing the details of each incident; and,
- 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.

**11.** 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" to this BACKGROUND, you must attach to this application:

- a) a written statement, with original signature, 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 any relevant documents.

**\*\*Additional information for background questions 1, 2b, 3, 4, 5, 6, 7 and 10.** An applicant who is required to submit any such certified copies but who does not have it at their disposal must retain for their records copies of the correspondence the applicant sends to the court or other source of documents in order to obtain the required certified copy. Failure to provide to the Department either copies of this correspondence or the required certified copies of the charging documents and court documents, upon the Department's request shall result in the application being deemed incomplete. Unless and until the required certified copies of the charging documents and court documents are in the possession of the applicant, the applicant must retain copies of this correspondence and applicant may not receive a life settlement broker license if the applicant fails to furnish such copies upon request.

**⑫ APPLICANT'S CERTIFICATION:**

I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement there is made is full, true and correct. I also certify under penalty of perjury that I have reviewed California Insurance Code, section 10113.1 through 10113.3 and the Commissioner's Life Settlement Regulations, codified in Title 10, Section 2548.1 et seq. of the California Code of Regulations and thoroughly understand the business of life settlements and my obligations as a life settlement broker. I understand that pursuant to sections 10113.1(g)(2)(D) and 10113.2 (b) of the California Insurance Code, any false statement may subject my application to denial and may subject my license/s to suspension or revocation.

All fees are filing fees and are not refundable, whether or not the application is acted upon.

**APPLICANT'S SIGNATURE:** ► \_\_\_\_\_ **CITY** \_\_\_\_\_ **DATE** \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING APPLICATION

- RE: "Applicant name"** Enter full legal name. If no middle name, enter (NMN). If any part of your legal name is an initial only, place parentheses around such initial.
- RE: "Address information"** Do not enter the word "same" in any address area. Enter the appropriate address. P. O. Box is **not** acceptable for a resident or business address. Business and mailing addresses are public record and are available to the public. **It is the applicant's/licensee's responsibility to notify the department of any change in address.**
- RE: "Are you a citizen of the United States"** If no is answered, the applicant must supply a copy of both sides of the work authorization.
- RE: "Previous license history information"** If currently licensed as a resident in another state, upon becoming a California resident, a clearance letter from the previous state of residence is also required.
- RE: "AKA/Alias"** List previously and currently used aliases and maiden names, if any. If you are currently using an "also known as" (AKA) name which you desire to be noted on record, so state. Abbreviations of true name or "nick" names are not acceptable.
- RE: "Background questions"** If you answer yes to any of these questions, you must submit a signed statement, with your original signature summarizing the details of each event. You must also provide the additional certified documentation described with each question.
- To obtain insurance licensing information, you may phone our Sacramento office at (800) 967-9331.
  - You may also obtain licensing information and a complete list of licensing fees by visiting our Web site at <http://www.insurance.ca.gov>
  - Mail application with attachments and fees to :  
Department of insurance  
320 Capitol Mall  
Sacramento, CA 95814-4309

All fees are filing fees and are not refundable, whether or not the application is acted upon.

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### Notice: Information collection and access

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

Agency: Department of Insurance, Address: 320 Capitol Mall, Sacramento, Ca 95814-4309, Telephone number: (800) 967-9331

Title of official responsible for information maintenance: Chief, Producer Licensing Bureau

Authority which authorizes the maintenance of the information: California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1

The consequences, if any, of not providing all or part of the requested information: It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

The principal purpose(s) for which the information is to be used: The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

Each individual has the right to review filed maintained on them by the agency, unless the information is classified as Confidential under section 1798.3(a) of the Civil Code.