

FEE: \$30.00

STATE OF COLORADO
DIVISION OF INSURANCE
1560 Broadway Suite 850
Denver, CO 80202
303-894-7499

Viatical Settlement
Producer Affidavit

For Cash Management Use Only

Producer Name _____

Address _____

Phone _____

Colorado License Number _____

Issue Date _____ Expiration Date _____

Date of First Negotiation _____

I _____ intend to act as a viatical settlement producer
(producer name)

in Colorado. I have read and understand Title 10, Article 7, Part 6 of the Colorado Revised Statutes and I will operate in accordance therewith. I understand that a viatical settlement producer is deemed to represent only the viator's interests and shall owe a fiduciary duty to the viator to act according to the viator's instructions and in the viator's best interests.

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

Date

Signature