



Hawaii Application for Individual or Legal Entity Life Settlement Broker or Provider Insurance License

(Please Print or Type)

Check appropriate box for the Life Settlement license being applied for:

- | | |
|--|--|
| <input type="checkbox"/> Provider License (resident; individual) | <input type="checkbox"/> Broker License (resident; individual) |
| <input type="checkbox"/> Provider License (non-resident; individual) | <input type="checkbox"/> Broker License (non-resident; individual) |
| <input type="checkbox"/> Provider License (resident; legal entity) | <input type="checkbox"/> Broker License (resident; legal entity) |
| <input type="checkbox"/> Provider License (non-resident; legal entity) | <input type="checkbox"/> Broker License (non-resident; legal entity) |

Current Hawaii life producer license number: _____ Date of Expiration: _____

LEGAL ENTITY APPLICANT				
① Business Entity Name	② Incorporation/Formation Date (month/day/year)	③ FEIN -		
④ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.		⑤ State of Domicile	⑥ Country of Domicile	
⑦ Business Address	⑧ City	⑨ State	⑩ Zip Code	⑪ Foreign Country
⑫ Business Phone (include extension) () -	⑬ Fax () -	⑭ Business Web Site Address		⑮ Business E-Mail Address
⑯ Mailing Address or P.O. Box	⑰ City	⑱ State	⑲ Zip Code	⑳ Foreign Country
INDIVIDUAL APPLICANT				
⑳ Soc. Security Number - -		㉑ If assigned, National Producer Number (NPN)		
㉒ Last Name JR./SR. etc	㉓ First Name	㉔ Middle Name	㉕ Date of Birth (month/day/year)	
㉖ Residence/Home Address (Physical Street)	㉗ City	㉘ State	㉙ Zip Code	㉚ Foreign Country
㉛ Home Phone () -	㉜ Gender (Circle One) Male Female	㉝ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)		
㉞ Business Entity Name				
㉟ Business Address (Physical Street)	㊱ City	㊲ State	㊳ Zip Code	㊴ Foreign Country
㊵ Business Phone (include extension) () -	㊶ Business Fax () -	㊷ Business E-Mail Address		㊸ Business Web Site Address
㊹ Mailing Address or P.O. Box	㊺ City	㊻ State	㊼ Zip Code	㊽ Foreign Country
㊾ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.				
b. List any trade names under which you are currently doing business or intend to do business.				
<i>(Continued on next page)</i>				
DO NOT WRITE IN THIS BOX – For State Use Only				
Entity ID: _____	PDB _____	C&E _____	CHR	\$ _____
License # _____	NCIC _____	Health _____	I30	\$ _____
Eff. Date: _____	Log _____	Legal _____	I08	\$ _____
Ext. Date: _____				\$ _____

