Mail to:
Kansas Insurance Department
Agents Division
420 SW 9th Street
Topeka, KS 66612-1678
(785) 296-7860

APPLICATION FOR VIATICAL REPRESENTATIVE/BROKER LICENSE

Check: ☐ BROKER ☐ REPRESENTATIVE

Name in Full _____ Date of Birth _____
(Last (First) (Middle)

Other Business Name or Alias _____

Social Security No. _____ Home Telephone _____ Bus. Telephone _____

Resident Address _____
(Street) (City) (State) (Zip Code)

Business Address _____
(Street) (City) (State) (Zip Code)

1. With what viatical companies and in what capacity will you be affiliated?
   _____
   (Name of Company)
   Located at what address? _____
2. Do you intend to purchase policies from viators? (Yes) _____ (No)_____
   Do you intend to sell viaticated policies to investors? (Yes) _____ (No) _____ If you intend to sell viaticated policies, you must also be licensed to sell securities.
3. Are you now or have you ever been licensed in Kansas or any other state to write securities (Yes) _____ (No) _____ or insurance (Yes) _____ (No) _____? If yes, in what state(s) and when? _____
   _____
4. Have you ever been refused a license or has your license ever been suspended or revoked by the Kansas Insurance Department, the Kansas Securities Commissioner, or any other insurance/securities department? (Yes) _____ (No) _____ If yes, by what department and when? _____
   _____
5. Has any federal or state regulatory authority or self-regulatory authority ever denied, revoked, or suspended your registration or license or issued an order disciplining you or restricted your activities? (Yes) _____ (No) _____ If yes, explain the details and dates. _____
   _____
6. Have you ever been convicted of or pleaded guilty or nolo contendere to any misdemeanor or felony? (Yes) _____ (No) _____
   Use Guidelines for answering this question. If yes, explain the details and dates. Use supplemental sheet if necessary. _____
   _____

I certify I have read this application and understand that any omissions or false answers may result in a refusal by the commissioner of insurance to issue to me a viatical license. I authorize the release to the Kansas Insurance Department of any information relative to any of my convictions contained in the files of any law enforcement or investigative agency. Further, I authorize this release without prejudice or liability on the part of any law enforcement or investigative agency or the Kansas Insurance Department. I affirm that all answers on this application or any supplementary pages attached have been completed by me personally and to the best of my knowledge are true and complete. On the basis thereof I hereby make application for a license to act as a viatical representative/broker in accordance with the Insurance Laws of Kansas.

_____ _____
Original Applicant Signature Month Day Year

_____
Full Legal Name (Printed or Typed)

If the answers to any of the questions contained in this application require more space, use separate sheets of paper. Read carefully the information on the reverse side. The Social Security number of the individual listed hereon is requested pursuant to K.S.A. 74-139, but applicants are not required to provide it. If included, the Social Security number will be used for identification purposes only.

FEE DUE $100

VL-1 (2/1/02) Checked By: Date Issued: