



**COMMONWEALTH OF KENTUCKY**  
**DEPARTMENT OF INSURANCE**  
 P. O. Box 517  
 Frankfort, Kentucky 40602-0517  
<http://doi.ppr.ky.gov/>  
 502-564-6004

<b>For Department Use Only</b>	
Amt. Rec'd	_____
Date Rec'd	_____
Tracking No.	_____
Cashier:	_____
Amt. Rec'd	_____
Date Rec'd	_____
Tracking No.	_____
Cashier:	_____

<b>Do you currently hold a license. Yes ___ No ___</b>
<b>APPLYING FOR:</b> ___ <b>BROKER \$ 250</b> ___ <b>PROVIDER \$ 500</b>
<input type="checkbox"/> <i>Resident</i> <input type="checkbox"/> <i>Non-Resident</i>

**VIATICAL SETTLEMENT BROKER/PROVIDER  
 INDIVIDUAL LICENSE APPLICATION**

(This Form is not for Business Entities Please Use Form 8301-BE-VS)

<b>1</b> Soc. Security Number		Mail Correspondence To My: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Mailing		
<b>2</b> Last Name      Include JR./SR. etc		<b>3</b> First Name	<b>4</b> Middle Name	<b>5</b> Date of Birth (month) ____ (day) ____ (year) ____
<b>6</b> Residence/Home Address (Physical Location)		<b>7</b> P.O. Box	<b>8</b> City	<b>9</b> State <b>10</b> Zip
<b>11</b> Home Phone Number ( ) -	<b>12</b> Gender (Circle One) Male   Female	<b>13</b> 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?)		
<b>14</b> Business Entity Name (If applicable)				
<b>15</b> Business Entity Address (Physical Location)		<b>16</b> P.O. Box	<b>17</b> City	<b>18</b> State <b>19</b> Zip
<b>20</b> Business Phone Number ( ) -	<b>21</b> Business Fax Number ( ) -	<b>22</b> Business E-Mail Address		<b>23</b> Business Web Site Address
<b>24</b> Applicant's Mailing Address		<b>25</b> P.O. Box	<b>26</b> City	<b>27</b> State <b>28</b> Zip
<b>29</b> Assumed Business Name/Trade Name (If Applicable)				

**Viatical Settlement Broker / Provider Business Entity Affiliations**

**30** List your Viatical Settlement Broker or Provider Business Entity Affiliation: (Complete only if the applicant is to be designated to act under the license of a business entity).

DOI # \_\_\_\_\_      Name of Business Entity \_\_\_\_\_

**31** Account for all time for the past five years. Give all employment experience starting with your present employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	

**Background Information**

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The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
“Convicted” 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.

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

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

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

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

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

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

4. Have you been notified by any jurisdiction in Kentucky of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. 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, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- 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.

6. 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:

- a) a written statement 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 all relevant documents.

7. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes to Question 7, by how many months are you in arrearage? \_\_\_\_\_ Months

8. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_

**NOTE: Failure to answer all questions will result in the rejection of this application and/or delay processing.**

***Applicant must complete Certification and Attestation.***

**Applicants Certification and Attestation**

33 **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 certify that I am a high school graduate or have received the equivalency degree.
3. Where required by law, I hereby designate the Commissioner of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
4. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurer.
5. 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.
6. I authorize the jurisdictions to give any information relative to background information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
7. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

\_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
Original Applicant Signature

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

**Individual Broker Requirements**

1. Must be at least 21 years of age
2. Successfully attained a general education level equivalent to that required for graduation from an accredited high school in this state.
3. Proof of financial responsibility in the amount of \$500,000 per occurrence and \$1,500,000 in the aggregate as set forth in KRS 304.15-700(4). Proof must be submitted on the form prescribed by the Commissioner of Insurance (99-1 for Errors & Omissions, 99-2 for Letter of Credit, or 99-3 for Surety Bond. 99-3 (Surety Bonds) must be original and have an original Power of Attorney attached.)
4. Complete the forty (40) hour viatical pre-licensing training program, and pass the viatical examination with a 70% minimum score.
5. Each application for licensure and renewal of license shall be accompanied by a **non-refundable fee in the amount of \$250.**
6. Provide a list of all states in which the viatical settlement broker is licensed.
7. Confirmation from the Life Division of the Kentucky Department of Insurance that the applicant has met the filing and approval of contracts and forms requirements (KRS 304.15-700(2)).

**PLEASE ALLOW 15 WORKING DAYS FOR PROCESSING. YOU MAY VERIFY APPROVAL OF THE LICENSE AND/OR APPOINTMENT AT: [doi.ppr.ky.gov](http://doi.ppr.ky.gov)**

