



STATE OF NEW YORK  
INSURANCE DEPARTMENT  
ONE COMMERCE PLAZA  
ALBANY, NEW YORK 12257

David A. Paterson  
Governor

James J. Wrynn  
Superintendent

Effective May 18, 2010, The New York State Insurance Department will be accepting applications for the Life Settlement Broker License. In accordance with Section 2137 of Insurance Law, the licensing candidate must submit:

1. Documentation of having successfully completed a Department approved preclicensing education course. Use the [Preclicensing Provider/Course List](#) to find an approved provider.
2. Documentation of having passed, within two years immediately preceding the date of the Department's receipt of the application, exam # 10-50 Life Settlement Broker. To register and reserve an exam date contact PSI Services:
  - via telephone at 1-800-733-9267
  - or on the web at [www.psiexams.com](http://www.psiexams.com)
3. [Electronic fingerprints](#), provided by L-1 Identity Solutions.
4. A complete [Life Settlement Broker License Application](#) form, with a check, for payment of the licensing fee, made payable to the Superintendent of Insurance.

Exceptions:

- An individual who CURRENTLY holds a life agent or life broker license that has been in effect for 1 year or more, may waive the preclicensing education and the licensing exam requirements.
- An individual who holds a CLU or CLUA designation may waive the preclicensing education requirement.
- An individual who is able to document appropriate employment with a NYS licensed insurance company, life settlement broker or life settlement provider, or a licensed agency or brokerage with a life line of authority, for at least one year, during the past three, may waive the preclicensing education requirement. This applicant must submit a Statement of Employer with the license application.
- See application instructions for nonresident applicants.

## INSTRUCTIONS FOR LSB (LIFE SETTLEMENT BROKER) APPLICANT

**AN INDIVIDUAL/TBA LICENSE WILL BE ISSUED WITH AN EXPIRATION DATE DETERMINED BY DATE OF BIRTH:**

**\*\*If you were born in an even numbered year, your license will expire on your birthday in an even numbered year.**

**\*\*If you were born in an odd numbered year, your license will expire on your birthday in an odd numbered year.**

Match the submission code numbers listed under the “\*Resident” or “\*Non-Resident” columns with the corresponding numbers on “Submission Requirement Code Chart” to determine what is needed to obtain a license.

**\*Resident** - one who has declared New York as their Home State; Home State means the District of Columbia or any state or territory of the United States in which the applicant maintains his, her or its principal place of residence or principal place of business. **\*Non-Resident** - licensee who has declared a state OTHER than New York as their Home State. Home State is where you maintain a principal place of residence or business AND are licensed in good standing for the lines of authority being applied for in this application.

CODE	DESCRIPTION OF LICENSE	INS/LAW SECTION	SUBMISSION CODES		EXEMPT FROM # 3 (EXAM)	LICENSING PERIOD	FEES
			RESIDENT	NON-RESIDENT			
LS	Life Settlement Broker	2137	1,2,3,4,5,8	1,2,4,5,6,7,8	(1) one who is currently licensed in NY as Life Agent and has been for one full year (2) one who has been licensed within the last <b>90</b> days for one full year and in good standing in the declared home state as a life settlement broker or a life producer	Individual/TBA – up to 2 years from date of issue to Date of Birth Expiration** (See Note Above)  Entities - 2 yrs-07/01 to 06/30 of odd years	See Attached Fee Schedule

CODE	SUBMISSION REQUIREMENT CODE CHART
1	Fully completed application.
2	<b>FEE</b> – See Attached Fee Schedule. <b>Full fees</b> are charged when a license is issued for a licensing period of one year or more; <b>half fees</b> are charged when a license is issued for a licensing period of less than one year. Make check payable to “Superintendent of Insurance.” \$20 will be charged for each check dishonored by the bank. <b>RESIDENT:</b> Partnership, corporation, limited liability company fee is per sub-licensee. <b>NON-RESIDENT:</b> See attached Fee Schedule.
3	Original passed score report for Life Settlement Broker exam taken within 2 years unless “exempt from # 3” above. Call PSI* for examination information. A first time applicant must submit either (1) School certificate (prelicensing course must be completed prior to sitting for the examination OR (2) Statement of Employer form documenting that the applicant has been regularly employed by a life settlement provider, life insurance company, life settlement broker, or an insurance producer with a life line of authority, for a period or periods aggregating not less than one year during the 3 years preceding the date of application and has been employed in responsible duties relating to the use of life insurance and annuity contracts in the design and administration of plans for estate conservation and distribution, employee benefits and business continuation, and settlement of life insurance and annuity contracts.
4	Fingerprinting - all applicants with an address in New York State <b>MUST</b> be electronically fingerprinted by L1 Identity Solutions <a href="http://www.L1enrollment.com">www.L1enrollment.com</a> ; fingerprint cards will <b>NOT</b> be accepted from any applicant with an address in New York State; proof of fingerprinting must be submitted with the application. Applicants with no address in New York State and unable to go to an electronic fingerprinting site in New York State must submit the Fingerprint cards and fingerprint fee with the licensing application and licensing fee. Fingerprinting Fee is \$106.00 ( <b>check made payable to L1 Enrollment</b> ) (\$75 for DCJS plus \$19.25 for FBI plus \$11.75 for fingerprinting processing). Fingerprinting is required for every member, shareholder and officer or director of any entity applying for a license. <b>ADDITIONAL FINGERPRINTING INFORMATION AND FINGERPRINTING FORMS ARE ATTACHED.</b>
5	Proof of accumulation of Continuing Education credits if such proof was required had the last license been renewed and the \$10.00 Continuing Education filing fee.
6	Must be currently licensed and in compliance in your declared home state. <b>NOTE:</b> Your license information <b>MUST</b> be included in the National Producer Database; if not, you must submit a currently dated Certification from the state you have declared as your home state and in which your principle place of business or residence is located.
7	Code 5, if applicable, unless the home state information shows that the Continuing Education requirements of that state have been met.
8	You must submit copies of the disclosures you intend to use which will be presented to owners and insureds as part of the settlement as required under Section 7811 of the New York Insurance Law.
9	Proof of required filing of a partnership, corporation, limited liability company, or trade name. It is recommended that applicant obtain name approval for use of the name in the insurance industry from this Department before filing the name with a County Clerk office or the New York State Department of State. You may submit a list of proposed names in the order of preference to New York State Insurance Department, Licensing Services Bureau, One Commerce Plaza, Albany, New York 12257, or to our e-mail address, <a href="mailto:licensing@ins.state.ny.us">licensing@ins.state.ny.us</a> . Once a name is approved, licensing instructions will be provided.

**\*PSI SERVICES LLC, Licensure/Certification, 3210 E. Tropicana, Las Vegas, NV 91505, Telephone 1-800-733-9267; [www.psiexams.com](http://www.psiexams.com)**

## **INSTRUCTIONS FOR CORPORATIONS, PARTNERSHIPS, TRADE NAMES, NAME CHANGES, ETC.**

The names of all corporations, partnerships, limited liability companies and trade names must receive prior approval from the Insurance Department for use in New York. Name changes for entities must also receive prior approval. The name must first be submitted to the Department for consideration, and either approval or disapproval will be forwarded in writing, along with the appropriate licensing application and/or instructions. After receiving Department approval, follow the instructions below and on the application.

### **INDIVIDUAL TRADE NAMES**

**RESIDENTS** - you must file with the County Clerk's Office in the county in which your business address is located. After filing, we require a copy of the Business Certificate from the County Clerk's Office.

**NON-RESIDENTS** – must be currently licensed and in compliance in your declared home state.

**NOTE:** Your license information **MUST** be included in the National Producer Database; if not, you must submit a currently dated Certification from the state you have declared as your home state and in which your principle place of business or residence is located.

### **ENTITY TRADE NAMES**

**RESIDENT AND NON-RESIDENTS** - must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing the assumed name with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231.

### **CORPORATIONS**

**RESIDENTS and NON-RESIDENTS** – must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231. We also require a copy of your Articles of Incorporation or Charter attached to your application.

**NON-RESIDENTS** - must be currently licensed in the corporate name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

## **INSTRUCTIONS FOR CORPORATIONS, PARTNERSHIPS, TRADE NAMES, NAME CHANGES, ETC. (CONT'D)**

### **LIMITED LIABILITY COMPANIES**

**RESIDENTS AND NON-RESIDENTS** must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231. We also require a copy of your Articles of Organization attached to your application.

**NON-RESIDENTS** - must be currently licensed in the limited liability name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

### **PARTNERSHIPS**

**RESIDENTS** - You must file with the County Clerk's Office in the county in which your business address is located. After filing, we require a copy of the Business Certificate from the County Clerk's Office.

**NON-RESIDENTS** – must be currently licensed in the partnership name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

### **LIMITED PARTNERSHIPS**

**RESIDENTS and NON-RESIDENTS** – must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231.

**NON-RESIDENTS** - must be currently licensed in the limited partnership name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

**NAME CHANGES FOR ENTITIES MUST INCLUDE AMENDED FILING RECEIPTS OR BUSINESS CERTIFICATES AND THE RETURN OF ALL LICENSES IN THE PREVIOUS NAME.**

**ORIGINAL/RELICENSING  
ENTITY FORM**

**NEW YORK STATE INSURANCE DEPARTMENT**

Attention: Licensing Bureau  
One Commerce Plaza  
Albany, New York 12257

**APPLICATION FOR LIFE SETTLEMENT BROKER'S LICENSE UNDER  
SECTION 2137 OF THE INSURANCE LAW**

www.ins.state.ny.us

**FOR DEPT USE ONLY**

License No. LSB-.....
Ex. By.....App. By.....
Issued.....
Original.....Relicensing.....

Resident \_\_\_\_\_

Non-Resident \_\_\_\_\_

Identify Home State: \_\_\_\_\_

Identify Home State License # \_\_\_\_\_ (If Home State is Not NY)

1. Name of Applicant _____				
Entity Name in Full _____			Fed. Employer ID No.* _____	
Principal Business Address (Required) _____				
Street and Number (Required) _____			National Producer No. (If Assigned) _____	
City, Town or Village _____			P.O. Box (if any) _____	
County _____		State _____	Zip Code _____	Telephone No. _____
Mailing Address (Required)(Indicate if Same as Business) _____				
Street and Number _____			P.O. Box (if any) _____	
City, Town or Village _____		County _____	State _____	Zip Code _____

(If either address changes, the Insurance Department must be notified in writing immediately.)

2. Indicate if your entity is a \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership\* \_\_\_\_\_ Limited Liability Company  
\*If Partnership – at least 2 partners/members are required

3. List all officers/directors/partners/members/managers and give information requested below. If sub-licensee/designated responsible person, check box(es) at the right. Only officers/directors/partners/members/managers may be sub-licensees/designated responsible persons; employees are not eligible.

(a) Name (Last, First, M.I.) _____	Title _____	Social Security No* _____	Date of Birth _____	Sex M__ F__
Residence: Number and Street (Required) _____	P. O. Box (If any) _____	City _____	State _____ Zip Code _____	Sub-licensee/Designated Responsible Person? Yes _____ No _____

(b) Name (Last, First, M.I.) _____	Title _____	Social Security No* _____	Date of Birth _____	Sex M__ F__
Residence: Number and Street (Required) _____	P. O. Box (If any) _____	City _____	State _____ Zip Code _____	Sub-licensee/Designated Responsible Person? Yes _____ No _____

(c) Name (Last, First, M.I.) _____	Title _____	Social Security No* _____	Date of Birth _____	Sex M__ F__
Residence: Number and Street (Required) _____	P. O. Box (If any) _____	City _____	State _____ Zip Code _____	Sub-licensee/Designated Responsible Person? Yes _____ No _____



7. (CONTD.)

- (e) Is the business entity or any officer/director/partner/member/manager named in 3 or 4 a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... \_\_\_\_\_ Yes or No
- (f) Has the business entity or any officer/director/partner/member/manager named in 3 or 4 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... \_\_\_\_\_ Yes or No

8. **RELICENSING APPLICANTS MUST ANSWER THIS QUESTION.**

Since expiration of its last authority, has this entity transacted business in New York State for the license being applied for in this application?..... \_\_\_\_\_ Yes or No

**Applicant Certification and Attestation**

The undersigned Sub-licensee(s)/Designated Responsible Officer(s)/Director(s)/Partner(s)/Member(s)/Manager(s) hereby certifies, under penalty of perjury that:

- ◆ All of the information submitted in this application and attachments is true and complete and (I am) or (We are) aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me/us and the business entity to civil or criminal penalties.
- ◆ Where required by law, the business entity hereby designates the Commissioner, Director, or Superintendent of Insurance, or an appropriate representative in each jurisdiction for this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director, or Superintendent of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- ◆ The business entity grants permission to the Commissioner, Director, or Superintendent of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- ◆ The jurisdictions are hereby authorized to give any information they may have concerning (me) or (us) to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and the jurisdictions and any person acting on their behalf are hereby released from any and all liability of whatever nature by reason of furnishing such information.
- ◆ It is acknowledged that (I) or (We) understand and comply with the insurance laws and regulations of the jurisdictions to which is being applied for licensure/registration.
- ◆ **For Non-Resident License Applicants**, it is certified that (I) or (we) have been licensed within the last ninety (90) days and in good standing in the home state/resident state for the lines of authority requested from the non-resident state.

**THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL SUB-LICENSEES/ DESIGNATED RESPONSIBLE PERSONS**

DATED \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

URL WebSite: \_\_\_\_\_

\_\_\_\_\_ Name of Entity Applicant

\_\_\_\_\_ Signature of Sub-licensee/Designated Responsible Person

\_\_\_\_\_ Signature of Sub-licensee/Designated Responsible Person

\_\_\_\_\_ Signature of Sub-licensee/Designated Responsible Person

\_\_\_\_\_ Signature of Sub-licensee/Designated Responsible Person

\_\_\_\_\_ Signature of Sub-licensee/Designated Responsible Person

**Make Check Payable to Superintendent of Insurance**

**\* \* CHILD SUPPORT NOTIFICATION \* \***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to §11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

**\* \* PRIVACY NOTIFICATION \* \***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Insurance Department, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Insurance Department will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

**ORIGINAL/RELICENSING LIFE SETTLEMENT BROKER FEES****DETERMINATION OF RESIDENT OR NON-RESIDENT STATUS:**

- If you declared New York State as your home state, pay the fee listed on the chart for New York.
- If you declared a home state other than New York, pay the license fee listed on the chart for the state declared as the home state and in which you are a licensed insurance producer.

**COMPUTATION OF FEE TO BE SUBMITTED WITH APPLICATION:**

- The term for life settlement broker licenses is up to two years.
  - **INDIVIDUALS/TBA – Effective Date of Issued License to Date of Birth Expiration:** If you were born in an even numbered year, your license will expire on your birthday in an even numbered year.  
If you were born in an odd numbered year, your license will expire on your birthday in an odd numbered year.
  - **LIFE SETTLEMENT BROKER ENTITIES – July 1 to June 30 of odd numbered years.**
- To compute a licensing fee for an application to be issued for a period greater than one year, add the licensing fee plus any retaliatory fee indicated. To compute a licensing fee for an application to be issued for one year or less, add *one-half (1/2)* the licensing fee plus the *whole* of any retaliatory fee indicated.
- In addition, a relicensing applicant whose license expired within the last 2 years and who was required to document Continuing Education had he/she renewed the license, must also include both the required documentation of the accumulation of 15 credits of Continuing Education and a \$10.00 filing fee (per application, not per sub-licensee).

STATE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Alabama		\$ 80	\$ 80 plus \$80 per sub-licensee
Alaska		\$ 200	\$ 400 plus \$80 per sub-licensee
Arizona		\$ 80	\$ 80 plus \$80 per sub-licensee
Arkansas		\$ 200	\$200 with 1 sub-licensee plus \$80 for each additional sub-licensee
California		\$ 272	\$ 272 plus \$80 per sub-licensee
Colorado		\$ 80	\$ 80 per sub-licensee
Connecticut		\$ 80	\$ 80 plus \$80 per sub-licensee
Delaware		\$ 80	\$ 80 plus \$80 per sub-licensee
District of Columbia		\$ 80	\$ 80 per sub-licensee
Florida		\$ 80	\$ 80 per sub-licensee
Georgia		\$ 80	\$ 80 per sub-licensee
Hawaii		\$ 300	\$ 300 plus \$80 per sub-licensee
Idaho		\$ 80	\$ 80 plus \$80 per sub-licensee
Illinois		\$ 500	\$ 500 plus \$80 per sub-licensee
Indiana		\$ 80	\$ 80 plus \$80 per sub-licensee
Iowa		\$ 200	\$ 200 plus \$80 per sub-licensee
Kansas		\$ 100	\$ 100 plus \$80 per sub-licensee
Kentucky		\$ 250	\$ 250 plus \$80 per sub-licensee
Louisiana		\$ 100	\$ 100 plus \$80 per sub-licensee
Maine		\$ 85	\$ 85 plus \$85 per sub-licensee
Maryland		\$ 250	\$ 250 plus \$80 per sub-licensee
Massachusetts		\$ 80	\$ 80 plus \$80 per sub-licensee
Michigan		\$ 80	\$ 80 per sub-licensee
Minnesota		\$ 750	\$ 750 plus \$80 per sub-licensee
Mississippi		\$ 100	\$ 100 plus \$80 per sub-licensee
Missouri		\$ 80	\$ 80 plus \$80 per sub-licensee
Montana		\$ 80	\$ 80 per sub-licensee

STATE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Nebraska		\$ 80	\$ 80 per sub-licensee
Nevada		\$1000	\$1000 plus \$80 per sub-licensee
New Hampshire		\$ 80	\$ 80 per sub-licensee
New Jersey		\$ 95	\$ 95 plus \$80 per sub-licensee
New Mexico		\$ 100	\$ 100 plus \$80 per sub-licensee
New York		\$ 80	\$ 80 per sub-licensee
North Carolina		\$1000	\$1000 plus \$80 per sub-licensee
North Dakota		\$ 100	\$ 100 plus \$80 per sub-licensee
Ohio		\$ 200	\$2000 plus \$80 per sub-licensee
Oklahoma		\$1000	\$1000 plus \$80 per sub-licensee
Oregon		\$ 80	\$ 80 plus \$80 per sub-licensee
Pennsylvania		\$ 200	\$ 200 plus \$80 per sub-licensee
Rhode Island		\$ 80	\$ 80 per sub-licensee
South Carolina		\$ 80	\$ 80 per sub-licensee
South Dakota		\$ 80	\$ 80 per sub-licensee
Tennessee		\$1000	\$1000 plus \$80 per sub-licensee
Texas		\$ 250	\$ 250 plus \$80 per sub-licensee
Utah		\$ 80	\$ 80 per sub-licensee
Vermont		\$1000	\$1000 plus \$80 per sub-licensee
Virginia		\$ 100	\$ 100 plus \$80 per sub-licensee
Washington	\$ 5	\$ 100	\$ 100 plus \$80 per sub-licensee
West Virginia		\$ 100	\$ 400 plus \$80 per sub-licensee
Wisconsin		\$ 750	\$ 750 plus \$80 per sub-licensee
Wyoming		\$ 80	\$ 80 per sub-licensee

**CANADA – Individuals and sub-licensees must qualify by New York State Requirements**

PROVINCE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Alberta		\$ 80	\$ 80 per sub-licensee
Manitoba		\$ 80	\$ 80 per sub-licensee
Northwest Territories		\$ 80	\$ 80 per sub-licensee
Nova Scotia		\$ 80	\$ 80 per sub-licensee
Ontario		\$ 80	\$ 80 per sub-licensee
Quebec		\$ 80	\$ 80 per sub-licensee
Saskatchewan		\$ 80	\$ 80 per sub-licensee
Yukon Territories		\$ 80	\$ 80 per sub-licensee

**U.S. TERRITORIES Individuals and sub-licensees must qualify by New York State Requirements**

TERRITORY	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Puerto Rico		\$ 80	\$ 80 per sub-licensee
Virgin Islands		\$ 80	\$ 80 per sub-licensee



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## THE DIVISION OF CRIMINAL JUSTICE SERVICES WILL ONLY BE ACCEPTING/PROCESSING FINGERPRINTS ELECTRONICALLY

The New York State Division of Criminal Justice Services (DCJS) has entered into a contractual agreement with L-1 Identity Solutions to provide electronic fingerprint processing services on a statewide basis for all individuals requiring a criminal background check.

Effective December 15, 2009 New York State Insurance Department applicants with an address in New York State **MUST** be electronically fingerprinted by L-1 Identity Solutions.

**Contact L-1 Enrollment Services at 877-472-6915 or [www.L1ID.com](http://www.L1ID.com).** The Request for NYS Electronic Fingerprinting Services - Information Form (form NYSIDCFP), attached, must be completed and submitted to L-1 at the time of being electronically fingerprinted.

Fingerprint cards will not be accepted from any applicant with an address in New York. Any application bearing an address in New York State submitted with fingerprint cards will be rejected. Applications must be submitted with proof of being electronically fingerprinted by L-1.

Applicants who do not have any address in New York State and are unable to go to an L1 Electronic Fingerprinting location in New York (for list of locations go to [www.L1Enrollment.com](http://www.L1Enrollment.com)) may send the New York fingerprint cards to this Department with their application, fees, and the NYS Request for Card Scan Services - Information Form (form NYSIDCSFP), attached. **NOTE** - only the fingerprint cards furnished to the applicant by the New York State Insurance Department can be used; out of state fingerprint cards are not acceptable and will be returned. Applications without the NYS Request for Card Scan Services - Information Form will be rejected.

Note - Fingerprinting is required for all adjuster, bail bond\*, and life settlement provider\*, intermediary\* and broker\* licenses.

Fingerprinting is required for any person wishing to be an officer/director\* of an insurance company.

\*FBI fingerprints are also required

Fingerprint Fee for Adjusters	\$ 86.75
Fingerprint Fee for Bail Bond Agents	\$106.00
Fingerprint Fee for Life Settlement Providers, Life Settlement Intermediaries, and Life Settlement Brokers	\$106.00

# Request for NYS Electronic Fingerprinting Services - Information Form

**Instructions for applicant: Complete this form and visit [www.11enrollment.com](http://www.11enrollment.com) or call 877-472-6915 to schedule an appointment for fingerprinting. Remember to bring this form and required forms of identification to your fingerprinting appointment.**

ORI: NY921270Z

Contributor Agency: NEW YORK STATE INSURANCE DEPARTMENT  
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

\_\_\_\_\_ Social Security Number

- Public/Independent Adjuster
  - Professional Bondsman
  - Life Settlement Broker
  - Life Settlement Intermediary
  - Life Settlement Provider
  - Princ, Exec, Dir Ins Co (provide name of insurance company)
- \_\_\_\_\_

**\*\*IMPORTANT\*\***

**If you do not have a Social Security Number, you must contact the New York State Insurance Department at 518-474-6630 or [licensing@ins.state.ny.us](mailto:licensing@ins.state.ny.us)**

**Applicant Section:**     New Submission     Resubmission

Name of Applicant: \_\_\_\_\_

Alias / Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Ethnicity:  Hispanic  Non Hispanic  Unknown Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Skin Tone: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State/Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**Request for NYS Electronic Fingerprinting Services - Information Form (CONTD)**

**Accepted Forms of Identification Section:**

**NOTE: Applicant *MUST* present two (2) forms of ID, at least one of which must have a photo (see Column A):**

**Column A – Valid Photo Identification:**

U.S. Passport (unexpired or expired)  
Permanent Resident Card  
Alien Registration Receipt Card  
Unexpired Foreign Passport  
Driver’s License or Photo ID Card  
(issued by U.S. State or Territory)  
School or College ID Card (with photo)  
Unexpired Employment Authorization  
with photo (Form I-766, I-688, I688A or B)  
Photo ID Card issued by federal, state, or local govt.

**Column B – Valid Supplementary Identification:**

Voter registration card  
U.S. Military card or draft card  
Military dependent’s ID card  
Coast Guard Merchant Mariner Card  
Native American Tribal Document  
Canadian Driver’s License  
U.S. Social Security Card  
Original or certified copy of a Birth Certificate issued  
by authorized U.S. agency with official seal  
Certification of Birth Abroad (issued by U.S. Department  
of State)  
U.S. Citizen Id Card (Form 1-7)

Enrollment website address: [www.L1Enrollment.com](http://www.L1Enrollment.com)

Call Center phone number: 877-472-6916

# NYS Request for Card Scan Services - Information Form

This form is for an applicant who has no address in New York and unable to go to an L1 Electronic Fingerprinting location in New York (list of locations @ [www. L1 Enrollment.com](http://www.L1.Enrollment.com))  
This form must be completed for submission with application AND fingerprint cards.

## Please Print Clearly

### Contributor Agency Section:

ORI: NY921270Z

Contributor Agency: NEW YORK STATE INSURANCE DEPARTMENT  
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

\_\_\_\_\_ Social Security Number

- Public/Independent Adjuster
- Professional Bondsman
- Life Settlement Broker
- Life Settlement Intermediary
- Life Settlement Provider
- Princ, Exec, Dir Ins Co (provide name of insurance company)

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### Applicant Section:

New Submission       Resubmission

Name of Applicant: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Alias / Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Ethnicity:  Hispanic  Non Hispanic Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Skin Tone: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State / Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

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### Payment Section:

- Payment for Cardscan submission must be made separate from your payment for license fee application.
  - Licensing Fee - check is made payable to Superintendent of Insurance
  - Fingerprint Fee is made payable to L1 Enrollment
    - Fingerprint Fees – DCJS fee + L1 Fee = \$86.75
      - DCJS fee + FBI Fee + L1 Fee = \$106.00
- Payment for Princ, Exec, Dir Ins Co (officer/director) should be made payable to L1-Enrollment.
  - DCJS fee + FBI Fee + L1 Fee = \$106.00
- Options include: Personal or business check, certified check, bank check or money order.  
Escrow Account with L1 Solutions; Escrow Account number will be required.
- The New York State Insurance Department will submit payment and fingerprint cards directly to L-1.

**CHILD SUPPORT OBLIGATION FORM**

\_\_\_\_\_  
Name of Entity on Application (Please Print)

\_\_\_\_\_  
Name of Individual (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Are you under obligation to pay child support?

Yes    No  
   

If "yes," (a) Are you current or less than 4 months in arrears?

  

(b) Are you paying by income execution plan agreed to by courts or parties?

  

(c) Is the obligation subject of pending court proceeding?

  

(d) Are you receiving public assistance or supplemental security income?

  

If answer to the question regarding obligation to pay child support is "yes," one of the answers to a-d must be "yes" or license will expire six months from the effective date of this license unless you notify the Department by that time which answer has changed to "yes."

Persons four months in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver and/or recreational license and permits including but not limited to, licenses issued pursuant to §11-0713 of the Environmental Conservation Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

Under penalty of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form may be reproduced

csoform2.doc