

**DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE
788 FAIRVEIW DR., SUITE 300
Carson City, NV 89701
(775) 687-4270**

VIATICAL PROVIDER OR VIATICAL BROKER PACKET

GENERAL INFORMATION:

- ▶ Fees are payable by check or money order to the Division of Insurance. \$1,000.00 for a Viatical Provider and \$500.00 for a Viatical Broker. Fees are not refundable.
- ▶ Corporations, Limited Liability Companies (LLC) and Limited Liability Partnerships (LLP) must contact the Nevada Secretary of State at (775) 684-5703 or at <http://sos.state.nv.us> for any filings they may require.
- ▶ A pending application will only be held for 90 days. After 90 days, if the application has not been completed, it will be destroyed and the fees deemed earned.

Definitions

VIATICAL BROKER: a person who on behalf of a viator and for a fee, commission or other valuable consideration offers or attempts to negotiate a viatical settlement between the viator and one or more providers of viatical settlements. The term does not include an attorney at law; certified public accountant or financial planner accredited by a nationally recognized accrediting agency who is retained by the viator and whose compensation is not paid by a provider or purchaser of viatical settlements.

VIATICAL PROVIDER: a person other than a viator who enters into or effectuates a viatical settlement. The term does not include a bank, savings and loan association, thrift company, credit union or other licensed lender that takes an assignment of a policy as security for a loan; the issuer of a policy that provides accelerated benefits pursuant to the contract; an authorized or eligible insurer that provides stop-loss coverage to a provider or purchaser of viatical settlements; a natural person who enters into no more than one agreement in a calendar year for the transfer of policies for a value less than the expected death benefit; a financing agent; a special organization; a trust for a related provider; or a purchaser of viatical settlements.

▶ **FORMS PROVIDED IN THIS PACKET:**

Applications

National Association Insurance Commissioners (NAIC) Biographical Affidavits

Fingerprint Instructions (FD-258 cards must be used; you may obtain cards by written request to the Division of Insurance accompanied by a self-addressed, postage paid, 8 ½ x 11 envelope.)

Our laws and regulations are available on the internet at doi.state.nv.us; Nevada Revised Statutes, chapter 688C.

Checklist for Viatical Providers/Brokers

I. Fees

\$1,000.00 for Viatical Provider or \$500.00 for Viatical Broker

II. Application

Use the business entity license application if the applicant is a business entity

Use the Individual license application if the applicant is an individual

III. Biographical Affidavits and Fingerprints

If a business entity, all persons listed in question 22 & 23 must submit a NAIC biographical affidavit and complete the fingerprint requirements detailed in DOCUMENT 324. Provide 2 cards and a \$45 cashiers check or money order made payable to the Nevada Highway Patrol for each person.

If an individual, you must submit a NAIC biographical affidavit and complete the fingerprint requirements detailed in DOCUMENT 324. You must attach 2 cards to your licensing application with a \$45 cashiers check or money order made payable to the Nevada Highway Patrol. We will forward to the Nevada Highway Patrol to obtain the criminal history report.

IV. Letter of Certification (non-residents only)

Provide a letter of certification from the Division of Insurance in your state of domicile that is not over 90 days old. If your state does not license viatical providers/brokers, organizations must provide a letter of good standing from the Secretary of State in your state of domicile.

V. Detailed Plan of Operation (Providers Only)

1. The Plan of Operation must be verified by an officer of the corporation, member of the LLC or LLP, or the individual applying for the individual license who has knowledge of the facts set forth in the Plan. Explain the types of business, e.g., viatical settlements contracts, real estates sales, financial investments, etc., that applicant transacts and the geographical locations of each particular type of business. Describe the percentage of overall income and expenses devoted to each type of business. Explain whether the viatical settlements contract business is or will be the applicant's primary or sole business.

2. Describe how applicant, its officers, directors and management avoid conflicts of interests with any affiliates and also with viators. Purchasing or brokering—It may be a conflict of interest to both act as a viatical settlement broker and purchaser. A broker represents the viator in obtaining the best offer from various companies. This fiduciary obligation to the viator might/would conflict with the interests of the purchaser to select the best policies at the lowest rates for itself. Please explain whether applicant's business is either brokering or purchasing or both.

3. Discount Rate—Describe in detail applicant's criteria for determining the discount rate, that is, the amount of payment to the policyholder/viator. Include the range of life expectancies and correlating percentages of face amount of the insurance policy to be paid to the viator. Explain how any other factors may affect the discount rate, such as the type of insurance contract, beneficiaries' interests, costs of financing, etc. Please submit Discount Rate Table showing life expectancies in 6-month increments (up to and including a 24-month life expectancy) with the corresponding discount rates. Include a signed statement from the appropriate corporate officer verifying that the discount rate table will be the discount rates that are and will be advertised and paid by your firm (or the firms you broker to). Explain how payment is made to the viator, whether in lump sum or installments, and the timing of the payment(s). Please note that installment payments to the viator and/or retaining monies for later payment to applicant and/or any other beneficiary may constitute the illegal transaction of life insurance.

- 4. Past Experience**—Enclose a Policy Chart which describes the applicant’s experience for the past three years on each case viaticated. The data to be set forth in separate columns next to each listed viaticated case is: policy face amount, amount(s) paid, date(s) of payment, life expectancy at date of contract (in months), duration from date of contract to date of death (in months and days), date and amount of payment(s) to viator, date of death, age at death, cause of death and viator’s state of residence.
- 5. Financial Resources**—Describe all source(s) and term(s) of applicant’s financial resources.
- 6. Securities Exchange Commission (SEC)/Nevada Secretary of State, Securities Division**—If applicant uses individual investors or investment pools to fund its policies, please provide a legal opinion signed by legal counsel describing applicant’s investment procedures and how these procedures comply with applicable state and federal securities laws and regulations. Your legal counsel should attach any relevant SEC/Nevada Securities Division filings or other documents which demonstrate applicant’s compliance. Please request your legal counsel to include a reference and explanation of these documents in his/her responding opinion letter.
- 7. Escrow**—Please describe in detail applicant’s escrow procedures to: (1)ensure that the entire viaticum will be immediately paid to the viator, (2)prevent mismanagement of applicant’s funds, and (3) ensure that there are sufficient monies to back the offer. Submit copies of all escrow agreements and identify the financial institutions where the escrow accounts are held.
- 8. Trust Accounts**--Submit a statement from the trustee of the trust designated to receive the proceeds of the settlement from the independent escrow agent. The trustee of a trust for a related provider must agree in writing with the provider of viatical settlements that the provider is responsible for ensuring compliance with all statutory and regulatory requirements and that the trustee will make all records and files related to viatical settlements available to the commissioner as if those records and files were maintained directly by the provider (Sections 17 and 32(1)).
- 9. Medical Information**—Describe applicant’s procedure with regard to the procurement of a written statement from the attending physician concerning the viator’s state of mind (the viator is the policyholder with a catastrophic or life-threatening illness). Explain applicant’s procedures for keeping this and all medical information confidential (Section 30). Attach and describe applicant’s form letters, form medical releases or other formatted written material used for this purpose.
- 10. Viator’s Statement**—Describe the applicant’s procedures for obtaining the viator’s statement setting forth his/her understanding and consent.
- 11. Explain in detail what information is provided to the viator and by whom concerning the following subjects. Attach and describe any related written materials, including forms that are used for these purposes.**
 1. The catastrophic or life-threatening nature of the viator’s illness.
 2. The viatical settlements contract.
 3. The benefits of the viator’s life insurance policy.
 4. The release of medical records.
- 12. Describe what steps applicant takes to ensure that the viator freely and voluntarily enters into the contract and that he/she acknowledges a full and complete understanding of the terms of the contract.**
- 13. Attach any additional forms, letters or other written materials used by the applicant not already included. Describe each additional document and its use.**

14. Viatical Settlements Contract Forms—A provider must submit a copy of all viatical settlement contract forms to be used in Nevada.

15. Disclosure and Advice—Describe applicant’s procedures to disclose and advise the viator on the following subjects (Section 27). Explain what information is given, who gives the information and the qualifications of the informing party. Please refer to and attach any forms or other written material used in disseminating the information. The subjects includes:

1. Possible alternatives to viatical settlements contracts.
2. Tax consequences.
3. Effect on public assistance benefits.

16. Viator’s Rescission—Describe applicant’s procedures to provide the viator the absolute right to rescind the contract within 15 days of execution and to advise the viator that any waiver of the right to rescind is void (Section 31). Refer to and attach any forms or any other written materials used for this purpose.

17. Marketing Techniques—Describe how applicant advertises and markets its business in general. More particularly, detail how individual clients/viators are contacted and communicated with. Explain how marketing representatives and other individuals who have direct contact with clients/viators are recruited, trained and compensated.

18. Financial Statements

Independent Certified Public Account (CPA) Audited Financial Statements for at least three years or until a profit is shown whichever period is greater. If applicant has an incomplete year of business, has not yet shown a profit or is a new entity, then the Division requests that applicant submit a pro-forma for the relevant period(s) to be prepared by an Independent CPA. The audited and pro-forma financial statements must include a balance sheet, income statement, and any SEC filings. The financial statements must also show litigation expenses as well as out-of-pocket “underwriting” expenses, and/or the costs incurred in processing viators’ applications, and number of policies actually and expected to be viaticated both in and outside of Nevada. **Note: The application will NOT BE ACCEPTED without the submission of the required independent CPA audited financial statement and/or pro-forma statements.**

19. Verification—Please remember to have the appropriate corporate officer or individual verify the Plan of Operation containing the above information. The verification should read:

VERIFICATION

The following verification meets the requirements of Nevada for execution of documents inside and outside of Nevada. I verify that the Plan of Operation contained in this application is true and correct.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Signature

Date

Printed Name

Title

STATE OF NEVADA

Department of Business & Industry---DIVISION OF INSURANCE

Business Entity Resident and Nonresident Insurance License Application

Mailing Address: P O BOX 98572, Las Vegas, NV 89193-8572 Physical Address: 788 Fairview Dr #300, Carson City, NV 89701

(Please Print or Type)

Division Use Only: Fees: _____ Check #: _____ Application ID#: _____ ORG ID # _____ Approved by: _____ Date: _____ License No: _____

Form with fields 1-21: Business Entity Name, Incorporation/Formation Date, FEIN, DBA, State of Domicile, Country of Domicile, NASD Firm Central Registration Depository (CRD) Number, Business Address, City, State, Zip or Foreign Country, Phone Number, Fax Number, Business Web Site Address, Business E-Mail Address, Mailing Address, P.O. Box, City, State, Zip or Foreign Country.

Designated/Responsible Licensed Producer

22 Identify at least one Designated/Responsible Licensed Producer: Name _____ SSN _____ - -

Owners, Partners, Officers and Directors

23 Identify all owners, partners, officers and directors of the business entity: Name _____ Title _____ SSN _____ - -

Are you now or have you ever been licensed in Nevada? ____ Yes ____ No

Background Information

25 Please read the following very carefully and answer every question:

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director 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. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“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 the business entity or any owner, partner, officer or director 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.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying 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. Is the business entity or any owner, partner, officer or director a party to, or 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. Has the business entity or any 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.

Background Information

26 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application and attachments is true and complete and I am 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 and the business entity to civil or criminal penalties.
- 2. Nonresidents Only: The business entity hereby designates the Commissioner, of Insurance to be its agent for service of process regarding all insurance matters in the State of Nevada and agrees that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon the business entity.
- 3. The business entity grants permission to the Commissioner of Insurance in the State of Nevada to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- 4. I authorize the State of Nevada to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Nevada and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 5. I acknowledge that I am familiar with the insurance laws and regulations of the State of Nevada to which I am applying for licensure.
- 6. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Date: _____ Signature: _____

Must be signed by an officer, director, principal or partner of the business entity:

Printed Name: _____

Title: _____

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE**

Changes in Nevada's laws go into effect on October 1, 2001. Nevada has adopted the NAIC Producer Licensing Model Act and will issue a Producer License (no more agent, broker or solicitor license)

Check the license type(s) and line(s) of authority for which you are applying.

- PRODUCER** **SURPLUS LINES BROKER**
 Currently licensed in Nevada.
 Adding qualifications or entity affiliation to an existing license.

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole-Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
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Major Lines of Authority/Qualifications:

Qualification(s)

<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Variable Annuities/Life	<input type="checkbox"/> Property	<input type="checkbox"/> Casualty	<input type="checkbox"/> Surety	<input type="checkbox"/> Personal Lines
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Limited Lines:

<input type="checkbox"/> CREDIT	<input type="checkbox"/> FIXED ANNUITIES	<input type="checkbox"/> TRAVEL/BAGGAGE	<input type="checkbox"/> RENTAL CAR AGENCY
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Other License Types:

Please note that some license types may have special requirements and / or restrictions. You may access the checklist for your specific license type on our web site at <http://www.doi.state.nv.us>.

<input type="checkbox"/> Insurance Consultant	<input type="checkbox"/> Funeral Agent	<input type="checkbox"/> Cemetery Merchandise Agent	<input type="checkbox"/> Funeral Seller	<input type="checkbox"/> Cemetery Merchandise Seller
<input type="checkbox"/> Motor Club Agent	<input type="checkbox"/> Fraternal Agent	<input type="checkbox"/> Viatical Settlement Broker	<input type="checkbox"/> Viatical Settlement Provider	<input type="checkbox"/> Managing General Agent
<input type="checkbox"/> Independent Adjuster	<input type="checkbox"/> Public Adjuster	<input type="checkbox"/> Associate Adjuster	<input type="checkbox"/> Motor Vehicle Physical Damage Appraiser	<input type="checkbox"/> Third Party Administrator for life, health and workers' compensation
<input type="checkbox"/> Title Agent	<input type="checkbox"/> Escrow Officer	<input type="checkbox"/> Reinsurance Intermediary Manager	<input type="checkbox"/> Reinsurance Intermediary Broker	<input type="checkbox"/> Utilization Review Agent
<input type="checkbox"/> Bail Agent	<input type="checkbox"/> Bail Solicitor	<input type="checkbox"/> General Agent for Bail	<input type="checkbox"/> Bail Enforcement Agent	

Nonresident's only: If you do not find your license type listed above you must provide the license type and qualifications you hold in your home state. _____.

STATE OF NEVADA

Department of Business & Industry---DIVISION OF INSURANCE

Individual Resident and Non-Resident Insurance License Application

Mailing Address: P O BOX 98572, Las Vegas, NV 89193-8572 Office Delivery: 788 Fairview Dr #300, Carson City, NV 89701

(Please Print or Type)

Division Use Only: Fees: _____ Check #: _____ Application ID#: _____ IND ID#: _____

1 Soc. Security Number	2 If applicable, NASD Individual Central Registration Depository (CRD) Number		
Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
4 Last Name JR./SR. etc	5 First Name	6 Middle Name	7 Date of Birth (month) ____ (day) ____ (year) ____
8 Residence/Home Address (Physical Street)	9 P.O. Box	11 City	11 State 12 Zip or Foreign Country
13 Home Phone Number () -	14 Gender (Circle One) <u>Male</u> Female	15 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 work authorization)	
16 Personal Business Name (dba) (Provide Nevada County Clerk Filing if you have a physical location in Nevada)			
17 Business Address (Physical Street)	18 P.O. Box	19 City	20 State 21 Zip or Foreign Country
22 Business Phone Number () -	23 Business Fax Number () -	24 Business E-Mail Address	25 Business Web Site Address
26 Applicant's Mailing Address	27 P.O. Box	28 City	29 State 30 Zip or Foreign Country
31 Applicable, beginning date of residency in the State of Nevada: _____ Month _____ Day _____ Year		Nonresidents: "Home State" where you hold a Resident License	

Agency or Business Entity Affiliations

32 Your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

Employment History

33 Count for all time for the past five years. Give all employment experience starting with your previous 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	

Are you now or have you ever been licensed in Nevada? Yes No

Background Information

35 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:

- d) a written statement explaining the circumstances of each incident,
- e) a copy of the charging document,
- f) a copy of the official document which demonstrates the resolution of the charges or any final judgment, and
- g) a copy of any 18 USC 1033 waiver you received from any other state Insurance Division (if applicable)

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:

- d) a written statement identifying the type of license and explaining the circumstances of each incident,
- e) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- f) 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 and location of bankruptcy.

4. 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:

- d) a written statement summarizing the details of each incident,
- e) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- f) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. 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:

- c) 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
- d) copies of all relevant documents.

6. CHECK ONLY ONE STATEMENT REGARDING CHILD SUPPORT OBLIGATION:

I am **NOT SUBJECT** to a court order for the support of a child.....

I am subject to a court order for the support of one or more children and **AM IN COMPLIANCE** with that order or plan approved by the District Attorney.....

I am subject to a court order for the support of one or more children and **NOT IN COMPLIANCE** with that order or plan approved by the District Attorney.....

Applicants Certification and Attestation

36

The Applicant must read the following very carefully:

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.

1. Nonresidents Only: Where required by law, I hereby designate the Commissioner of Insurance 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 is of the same legal force and validity as personal service upon myself.
2. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
3. I authorize the Commissioner of Insurance to give any 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.
4. I acknowledge that I am familiar with the insurance laws and regulations of the State of Nevada to which I am applying for licensure.

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE**

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- PRODUCER** **SURPLUS LINES BROKER**
 Currently licensed in Nevada.
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<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole-Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
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Major Lines of Authority/Qualifications:

Qualification(s)

<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Variable Annuities/Life	<input type="checkbox"/> Property	<input type="checkbox"/> Casualty	<input type="checkbox"/> Surety	<input type="checkbox"/> Personal Lines
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Limited Lines:

<input type="checkbox"/> CREDIT	<input type="checkbox"/> FIXED ANNUITIES	<input type="checkbox"/> TRAVEL/BAGGAGE	<input type="checkbox"/> RENTAL CAR AGENCY
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Other License Types:

Please note that some license types may have special requirements and / or restrictions. You may access the checklist for your specific license type on our web site at <http://www.doi.state.nv.us>.

<input type="checkbox"/> Insurance Consultant	<input type="checkbox"/> Funeral Agent	<input type="checkbox"/> Cemetery Merchandise Agent	<input type="checkbox"/> Funeral Seller	<input type="checkbox"/> Cemetery Merchandise Seller
<input type="checkbox"/> Motor Club Agent	<input type="checkbox"/> Fraternal Agent	<input type="checkbox"/> Viatical Settlement Broker	<input type="checkbox"/> Viatical Settlement Provider	<input type="checkbox"/> Managing General Agent
<input type="checkbox"/> Independent Adjuster	<input type="checkbox"/> Public Adjuster	<input type="checkbox"/> Associate Adjuster	<input type="checkbox"/> Motor Vehicle Physical Damage Appraiser	
<input type="checkbox"/> Title Agent	<input type="checkbox"/> Escrow Officer	<input type="checkbox"/> Reinsurance Intermediary Manager	<input type="checkbox"/> Reinsurance Intermediary Broker	
<input type="checkbox"/> Bail Agent	<input type="checkbox"/> Bail Solicitor	<input type="checkbox"/> General Agent for Bail	<input type="checkbox"/> Bail Enforcement Agent	

Nonresident's only: If you do not find your license type listed above you must provide the license type and

qualifications you hold in your home state.

F:s/m/Individual Application NDOI-205 (R 10/1/01)

**STATE OF NEVADA
DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INSURANCE
788 FAIRVIEW DR #300
CARSON CITY, NV 89701
(775) 687-4270**

**PROCEDURES TO OBTAIN A
CRIMINAL HISTORY REPORT**

New Procedures Effective 1/1/04

- **Submit to the DIVISION OF INSURANCE WITH your licensing application:**

1. **2 fingerprint cards** completed as instructed below
2. In a separate and sealed envelope labeled NHP, a **cashier's check or money order for \$45.00** made **payable to Nevada Highway Patrol**

Do not combine criminal history report fees with licensing fees.

The Division of Insurance will forward both fingerprint cards and the \$45.00 cashier's check or money order to the Nevada Highway Patrol. The results will be returned directly to the Division of Insurance.

- Fingerprints may be done at the Promissor examination centers, local law enforcement office or from an authorized fingerprint vendor. **All personal information boxes must be completed and the following information must be written in the appropriate boxes on both cards.**

ORI
NV920190Z
St Insurance Co
Carson City NV

Miscellaneous NO MNU
Number: 880141
Reason Fingerprinted
NRS 683A.160

S A M P L E

APPLICANT	LAST NAME	FIRST NAME	MIDDLE I	LEAVE BLANK
<i>[Signature]</i>	DOE	JOHN	E	
151 JONES BL W CC NV 89701	SSN	NV920190Z ST INSURANCE COMM		12 1 56
INSURANCE CO 123 BNC DRIVE ALB HM 55555	CIT	M WT 5'1" BL RED HND NV		
NRS 683A.160	DOB	SEC ID SECURITY NO	LEAVE BLANK	
	880141	555-55-5555		

Note: Any criminal history report requested directly from the Nevada Highway Patrol under the previous procedures will be accepted until 4/1/04. If an applicant has had no criminal history, as indicated and certified on their application for a license, the commissioner may issue a license before the actual report is received.

The commissioner may suspend, revoke or refuse to continue the license if the applicant's criminal history report shows a conviction or other criminal activity that was not disclosed on their licensing application.


















STATE OF NEVADA
 DEPARTMENT OF BUSINESS & INDUSTRY
 DIVISION OF INSURANCE
 788 FAIRVIEW DRIVE #300
 CARSON CITY, NV 89701

Most common fingerprint rejection reasons:

The applicant has failed to complete all required information on the fingerprint card. Please verify that you have legibly completed all the information shown on this sample fingerprint card prior to sending it with your application to the Division of Insurance.

S A M P L E

S A M P L E

APPLICANT	LEAVE BLANK	LAST NAME DOE	FIRST NAME JOHN	MIDDLE E E	LEAVE BLANK				
 151 JONES BLV CC NV 89701		AKA	O R I	NV920190Z ST INSURANCE COMM			12 1 56		
		CITZ		M	WT	5'1"	BL	RED	HND
INSURANCE CO 123 BIG DRIVE ALB NM 55555		OCA	LEAVE BLANK						
		FBI	CLASS _____ REF _____						
NRS 683A.160		MNU							
				SOCIAL SECURITY NO 555-55-5555					
		880141							
									
									
									

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.
(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

Type of entity (i.e. insurance company, premium finance company, etc.): _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). _____

b. Maiden Name (if applicable). _____

2. a. Have you ever had your name changed? _____ If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases). _____

3. a. Are you a citizen of the United States? _____

b. Are you a citizen of any other country, if so, what country? _____

4. Affiant's Occupation or Profession. _____

5. Affiant's business address. _____

Business telephone. _____

6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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Graduate Studies: College/ University _____ City/ State _____ Dates Attended (MM/YY) _____ Degree Obtained _____

Other Training: Name _____ City/ State _____ Dates Attended (MM/YY) _____ Degree/Certification Obtained _____

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations. _____

8. Present or proposed position with the applicant entity. _____

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? _____ If any claims were made on the bond, give details. _____
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? _____
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? _____
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? _____
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? _____
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? _____
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? _____

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? _____
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? _____
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? _____

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

If any of the stock is pledged or hypothecated in any way, give details. _____

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

If any of the shares or stock are pledged or hypothecated in any way, give details.

15. Have you ever been adjudged a bankrupt? _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? _____

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? _____

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20____ .

(Notary Public)

My Commission Expires _____.

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. a. Affiant's Full Name (Initials Not Acceptable). _____
b. Maiden Name (if applicable) _____
2. Affiant's Social Security Number _____
3. Government Identification Number if not a U.S. Citizen _____
4. Foreign Student ID# (if applicable) _____
5. Date of Birth: (MM/DD/YY) _____ Place of Birth: City _____
State/Province _____ Country _____
6. Name of Affiant's Spouse (if applicable) _____
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
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Dated and signed this _____ day of _____ at _____

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20 ____

(Notary Public)

(SEAL)

My Commission Expires _____

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, _____, presently residing at _____ am affiliated with or proposed to be affiliated with _____ which is applying for licensure or a permit to organize with the _____ Department of Insurance.

I understand that the _____ Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry. I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the _____ Department of Insurance either directly or via a vendor *acting on its behalf in the capacity as described herein* and waive any provisions of law which forbid the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However, the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.

I recognize the right of the _____ Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate.*

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

(Signature) Date: _____

This document was executed and signed in the presence of the following witnesses:

- 1. _____
- 2. _____

State of _____
County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

[SEAL]

Notary Public

My commission Expires: _____