State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

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P.O. Box 83720
Boise, Idaho 83720-0043
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DEAN L. CAMERON
Director

RE: Federal Law 18 USC § 1033

To Whom It May Concern:

Enclosed, please find the U.S.C. 1033 form. Federal law 18 USC 1033 prohibits certain activities by persons engaged, or proposing to be engaged, in the business of insurance. However, there are circumstances where 1033 allows the Department of Insurance to determine whether the applicant should be given written consent to engage in the business of insurance. See (e) (2) on the enclosed form.

Please attach a minimum of 3 letters of recommendation that attest to this person's character and reputation. The letters should indicate the length of time the writer has known the applicant, along with their business or social relationship to the applicant, and it should include a description of the applicant's character traits and reputation in the community. Each recommendation should also verify that the writer knows of the applicant's criminal history.

Please complete the enclosed application in its entirety and return to the Department, with the necessary attachments, to the attention Lori Thomason. If you have any questions concerning this matter, please feel free to contact me at 208/334-4343.

APPLICATION
FOR WRITTEN CONSENT
TO ENGAGE IN THE
BUSINESS OF INSURANCE
PURSUANT TO 18 U.S.C. §§ 1033 AND 1034

Notice to Applicant: 18 U.S.C. § 1033 prohibits certain activities by persons engaged, or proposing to become engaged, in the business of insurance:

(e)(1)(A) Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than 5 years, or both.

(B) Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permits the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than 5 years, or bot.

(e)(2) A person described in paragraph (1)(A) may engage in the business of insurance or participate in such business if such person has the written consent of any regulatory official authorized to regulate the Insurer, which consent specifically refers to this sub section.

This Application will be reviewed by the Idaho Department of Insurance to determine whether the Applicant should be given written consent to engage in the business of insurance or participate in the business pursuant to 18 U.S.C. § 1033(e)(2).

You must answer every question on the Application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the Application. Attach additional pages as needed. The Department of Insurance will not process incomplete Applications. Additional information may be requested.

PLEASE TYPE OR CAREFULLY PRINT

Submit
One
Photo

SECTION I - APPLICANT INFORMATION

Full Name of Applicant			
Last Name	*First Name*	*Middle Name*	*SSN*

Home Physical Address					
Street	*City*	*County*	*State*	*Zip*	*Hone Phone*

Business *Physical* Address					
Street	*City*	*County*	*State*	*Zip*	*Business Phone*

Email

1. If you were born in the United States, provide the following:
Place of Birth

City	*County*	*State*	*Zip*	*Date of Birth*

2. If you were not born in the United States, provide the following:

Date of First Entry	*Port of Entry*

3. Are you a U.S. Citizen?
Yes ___ No ___ If no, provide the following:

Citizenship Country	*State/Province*	*Basis of U.S. Residence*	*Alien Registration Number*

4. If you are a naturalized citizen of the United States, indicate where and how you became naturalized.
The number of the Certificate of Naturalization must be provided, if applicable**.**

5. Have you ever used or been known by another name (including maiden name)
No ___ Yes ___ If yes, provide the provide the following (attach additional pages as needed):

Other Names Used	*Date of Use*
Reason for Name Change(s)	

6. Have you ever used or been issued a different Social Security number?
No ___ Yes ___ If yes, provide the following (attach additional pages as needed):

Other Social Security numbers used/issued	*Date of Use*
Reason for SSN Change(s)	

7. Do any of your relatives, by blood or marriage (either current or prior), serve in any capacity with any entity engaged in the business of insurance?
No ___ Yes ___ If yes, provide the following (attach additional pages as needed):

Name of Relative	*Address*	*Relationship to Applicant*	*Insurer/Employer Name and Address*

8. Have you ever been a party, in any capacity, in a civil action, lawsuit, bankruptcy or other proceeding
No ___ Yes ___ If yes, provide details of all civil actions (attach additional pages as needed):

Title of Case		*Case Number*
Identification of Court Federal	*City/State*	*Date of Action*
Description of case and your involvement, including outcome:		

SECTION II - EDUCATION

1. Provide complete details about your education and training, including identification of all schools that you have attended. Attach additional pages as needed. Include the name you used, if different from the name used in this application.

Name of High School(s)	*Address*	*Major*	*Dates Attended*	*Highest Level Attained*
Name of College(s)	*Address*	*Major*	*Dates Attended*	*Highest Level Attained*
Name of Tech School(s)	*Address*	*Major*	*Dates Attended*	*Highest Level Attained*
Post Graduate Schools or Programs	*Address*		*Dates Attended*	*Designation*

SECTION III CHRONOLOGICAL EMPLOYMENT HISTORY AND PROFESSIONAL LICENSES - CERTIFICATIONS - DESIGNATIONS

1. List in chronological order each and every place where you have been employed since high school, including any military service (attach additional pages as needed).
   Include all instances where you have served as a paid or non-paid officer or director.

Name of Employer	*Address*	*Title/Job*	*Employment Dates*	*Reasons for Leaving*

2. Do you now hold, or have you ever held, a professional license relating to the business of insurance, including but not limited to, being a producer, agent, broker, solicitor, adjuster, consultant or third party administrator?
   No ☐ Yes ☐ If yes, provide the following information about your active or prior insurance professional license(s) (attach additional pages as needed):

Type of License	*Date of Issue*	*State*	*Status of License*

3. Have you ever had a consumer complaint, administrative, civil or other legal proceeding (include pending actions) filed against you regarding your insurance activities?
   No ☐ Yes ☐ If yes, provide the following information (attach additional pages as needed):

Type of Action	*Court/Administrative Agency*	*State*	*Date of Action*	*Outcome*

4. If your insurance-related license has ever been suspended, revoked, or administratively sanctioned (include pending actions) as a result of the legal or administrative action described in this section, provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/Revocation	*Type of License*	*Fines Paid*	*Status of Proceeding*

5. Do you now hold, or have you ever held, any other professional licenses, certifications or designations not issued by a Department of Insurance?
   No ☐ Yes ☐ If yes, provide the following information about your active or prior professional licenses, certifications or designations (attach additional pages as needed):

Issued by	*Address*	*City/State*

Type of License, certification or designation	*Date of Issue*	*Status of license, certification or designation*

6. Have you ever had a customer, client or consumer complaint, administrative or other legal proceeding (include pending actions) filed against you regarding your other professional activities?
   No ☐ Yes ☐ If yes, provide the following information (attach additional pages as needed):

Type of Action	*Court/Administrative Agency*	*State*	*Date of Action*	*Outcome*

7. Have you ever had a company appointment terminated for cause?
   No ☐ Yes ☐ If yes, provide the following information (attach additional pages as needed):

Company Name and Address	*Date of Termination*	*Reason Given by Company*

8. If any other professional licenses, certifications or designations have ever been suspended, revoked, or administratively sanctioned (include pending actions), provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/Revocation	*Type of License*	*Fines Paid*	*Status of Proceeding*

SECTION IV - CRIMINAL HISTORY

1. Provide a narrative statement describing the circumstances leading to all criminal charge(s) filed against you; the date of charge(s); place of charge(s); trial court{s); date of disposition; charge(s) on which you were convicted; sentence(s); date{s) of incarceration; date(s) of probation/parole; date{s) of release from probation/parole; restitution ordered; restitution paid; fines/costs ordered; fines/costs paid. Include details of negotiated plea agreements and pleas of nolo contendere to an Information or indictment. Describe in detail the criminal conviction or convictions which are the subject of this Application. Attach additional pages if needed.

2. Other than as described in Section IV, No. 1, during your lifetime have you ever been charged, arrested, indicted, as entered into a negotiated plea agreement, entered a plea of guilty or nolo contendere to an Information or indictment, had a sentence suspended or had pronouncement of a sentence suspended, in connection with any other felony or misdemeanor criminal activities?
No ☐ Yes ☐ If yes, provide a narrative statement describing the circumstances of every instance, including the city, county, and state where each instance occurred.

3. Have you received any type of pardon or expungement to the offense or offenses that are the subject of this Application, or any other offense listed?
No ☐ Yes ☐ If yes, provide the following information (attach additional pages as needed):

Pardoning Authority	*County*	*State*	*Convicted Offense*	*Date of Expungement*	*Terms of Expungement*

4. Have you made full payment of any and all outstanding court costs, supervision fees, fines and ordered restitution concerning any and all offenses?
No ☐ Yes ☐ If yes, provide the following information (attach additional pages as needed):

5. Are there mitigating or extenuating circumstances surrounding your commission of the offenses listed in Section IV?
No ☐ Yes ☐ If yes, provide the following information (attach additional pages as needed):

6. List all evidence that exists regarding your rehabilitation (attach additional pages as needed).

SECTION V - PRESENT/PROPOSED INSURANCE EMPLOYMENT

1. Provide the following information about your present employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

Name of Employer	*Address*	*City*	*State*	*Zip*	*Telephone*
Name of Insurance Entity	*Address*	*City*	*State*	*Zip*	*Telephone*
Applicant's Direct Supervisor	*Address*	*City*	*State*	*Zip*	*Telephone*
Business Location of Applicant's Employment/Insurance Related Activity				*Offices Held or Job Title*	

2. Provide in detail information about your present employment or business association/relationship with an entity engaged in the business of insurance, including office, position, occupation, trade, vocation, or profession, and job duties and activities (attach additional pages as needed):

3. Provide the following information about your proposed employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

Name of Proposed Employer	*Address*	*City*	*State*	*Zip*	*Telephone*
Name of Insurance Entity	*Address*	*City*	*State*	*Zip*	*Telephone*
Applicant's Direct Supervisor	*Address*	*City*	*State*	*Zip*	*Telephone*
Business Location of Applicant's Employment/Insurance Related Activity				*Offices Held or Job Title*	

4. Describe in detail the nature, duties and activities of your proposed office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

5. Explain why your conviction(s) will not affect your fitness or ability to perform any of the duties or activities referred to in paragraphs 2 and 4 above (attach additional pages as needed):

6. List the names and locations of all insurers and entities providing services to insurers which you have advised, represented or in any manner worked for or provided services to, together with a description of the activities performed for each such entity (attach additional pages as needed).

7. Provide details of any proposed or current written or oral agreements, contracts or understandings between yourself and any entities engaged in the business of insurance (attach additional pages as needed).

SECTION VI - FINANCIAL INFORMATIONEMPLOYMENT

1. Do you have any civil judgments, tax or other liens or penalties outstanding (include pending actions)?
   No ☐ Yes ☐ If yes, provide the following information (attach additional pages as needed):

2. Do you currently owe any judicial or administrative fines, taxes, penalties, or past due child support or alimony (maintenance) payments?
   No ☐ Yes ☐ If yes, provide details, including the nature of the debt or obligation (including pending actions), the name and address of the person or entity to whom it is owed, and when such debt or obligation was due (attach additional pages as needed):

3. Attach a list indicating the amount and sources of all income for five (5) calendar years prior to the Application through the date of the Application.

4. Have you ever been in a position which required a fidelity bond?
   No ☐ Yes ☐ If yes, and any claims were made on the bond, provide details (attach additional pages as needed):

5. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked?
   No ☐ Yes ☐ If yes, provide the following information (attach additional pages as needed):

6. Have you, or any business entity in which you served as an officer, director, trustee, investment committee member, key employee, stockholder or owner become insolvent, placed in bankruptcy, receivership, rehabilitation or liquidation?
   No ☐ Yes ☐ If yes, provide details including dates, case numbers, company name(s) and address(es), and name(s) and address(es) of relevant state or federal courts or agencies (attach additional pages as needed):

7. List any and all entities (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which you hold directly or beneficially (or hold in joint tenancy, or in the name of others for you) a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed): List on next page.

8. List any and all entities (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which your relatives, by blood or marriage, hold directly or beneficially a stock or other ownership interest. Include the name of the individual and relationship for each.
   Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

SECTION VII- GROUNDS RELIED UPON FOR APPLICATION FOR WRITTEN CONSENT

1. Provide a complete explanation of the reasons or grounds upon which you rely to establish that your present or proposed insurance activities for which written consent is sought will not be contrary to the intent and purpose of 18 U.S.C. § 1033, and will not pose a risk to insurance consumers or insurance companies (attach additional pages as needed):

2. You may enclose letters of recommendation addressed to the Bureau Chief for Consumer Affairs at the Idaho Department of Insurance, attesting to your character and reputation. These letters should indicate the length of time that the writer has known you, the writer's name, address and phone number and the circumstances under which the writer is qualified to comment on your character and reputation. The writer should describe your character traits as they relate to the employment, position or activities for which written consent is sought.
   Each letter should indicate that it is being submitted in compliance with these procedures and that you have informed the writer of the factual basis of the Application being filed with the Idaho Department of Insurance and the purpose thereof.

3. Have you ever applied for written consent per 18 U.S.C. § 1033 with the Idaho Department of Insurance or any other state or jurisdiction?
   No ☐ Yes ☐ If yes, provide the following information together with a copy of the Application filed in other state(s):

Name of Insurance Regulator	*State/Jurisdiction*	*Date of Application*	*Outcome of Request*

4. A copy of any pardon or expungement.
   (Note: Other documents may be requested by the Department of Insurance.)
   The applicant may include the following evidence of rehabilitation for the Department's consideration:
   1. Post-conviction community service.
   2. Post-conviction charitable activity.
   3. Letters of recommendation, addressed to the Bureau Chief of Consumer Services at the Idaho Department of Insurance, attesting to the character and reputation of the applicant. The statement shall indicate the length of time the writer has known the applicant, their business or social relationship, and should include a description of the applicant's character traits and reputation in the community. The recommendation shall also verify that the writer knows of the applicant's criminal history. (See Section VII, paragraph 2)
   4. Any other information the applicant believes will assist the Bureau Chief of Consumer Services at the Idaho Department of Insurance in determining whether to grant written consent.

SECTION IX - APPLICANT'S SWORN STATEMENT VERIFYING TRUTH OF INFORMATION IN APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____(name of applicant), swear under penalty of law that my statements in the attached Application, and the documents appended thereto, are true and correct and complete. I understand that my statements in the Application and the attachments to my Application will be relied upon by the Director of the Idaho Department of Insurance in the execution of his or her duties under the Insurance Code, and 18 U.S.C. § 1033, in making a decision on this Application. I understand that if I have made any false statement in this Application, or if there are any false statements included in the attachments to this Application, I may be criminally prosecuted under any state criminal or administrative remedies available and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false statements would also constitute a violation of 18 U.S.C. §1033. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted. **By signing this Application, I acknowledge that the Idaho Department of Insurance may conduct an independent investigation to confirm the information in this Application, and I expressly consent and authorize any person, business or agency to release any information the Insurance Department may request as part of ;the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records.**

_____ _____
Signature of Applicant Date

STATE OF _____)
) SS
COUNTY OF _____)

SUBSCRIBED AND SWORN to, and acknowledged before me by _____ to

be his/her free

act and deed this _____ day of _____, _____.

S

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A

L

_____
Notary Public

Residing at: _____

Commission Expires: _____

PROVIDE A LIFELONG LIST OF ALL CHARGES AND CONVICTIONS FOR FELONY OR MISDEMEANOR CRIMES, INCLUDING:
CIRCUMSTANCES LEADING TO CRIMINAL CHARGE(S), DATE(S) OF CHARGE(S); COURT(S); DATE(S) OF DISPOSITION; CONVICTED CHARGE(S); SENTENCE(S); DATE(S) OF INCARCERATION; DATE(S) OF PROBATION/PAROLE; DATE(S) OF RELEASE FROM PROBATION/PAROLE; RESTITUTION ORDERED; RESTITUTION PAID; FINES/COSTS ORDERED; FINES/COSTS PAID. ATTACH ADDITIONAL PAGES, IF NEEDED

Circumstances Leading to Charge(s)	Criminal Charge(s) and Date of Charge	Court	Date(s) of Disposition	Convicted Charge(s)	Sentence(s)	Date(s) of Incarceration	Date(s) of Probation/Parole	Release Date(s) from Probation/Parole	Restitution Ordered/Paid	Fines/Costs Orders/Paid