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Application for an Life Settlement Broker License

This form is for entities wishing to apply for a Life Settlement Broker License in Idaho. Life Settlement Broker Licenses can also be applied for online via [NIPR](#).

Instructions:

1. Hold a Producer License in Idaho with the Life line of authority.
2. Fill out the Application for an Life Settlement Broker License form.
3. Make out a check or money order payable to the Idaho Department of Insurance for the \$300 dollar application fee.
4. Mail the complete application and fee to:

Idaho Department of Insurance
 700 W State St Fl 3
 PO Box 83720
 Boise ID 83720-0043

Type of Applicant

Is the entity a resident of Idaho? _____ Is the entity an individual or a business entity? _____

Applicant Name		Idaho Lic #	Expiration date	NPN
Business Address (Physical Location)		City	State	Zip
Mailing Address		City	State	Zip
Residence Address (If Individual)		City	State	Zip
Business Phone	Residence Phone (individual)	E-mail Address		
List All Aliases Used (Individual)				
Business Entities Also Complete the Following				
FEIN	Contact Person			Phone
Name of Designated Responsible Producer		NPN of Responsible Prod		
List DBAs (if applicable)				

DEFINITION OF A BROKER: Broker means a person who, working exclusively on behalf of an owner and for a fee, commission or other valuable consideration, offers or attempts to negotiate life settlement contracts between an owner and one (1) or more life settlement providers or one (1) or more life settlement brokers. Notwithstanding the manner in which the life settlement broker is compensated, a life settlement broker is deemed to represent only the owner, and not the insurer or the life settlement provider, and owes a fiduciary duty to the owner to act according to the owner's instructions and in the best interest of the owner. The term does not include an attorney, certified public accountant or a financial planner accredited by a nationally recognized accreditation agency, who is retained to represent the owner and whose compensation is not paid directly or indirectly by the life settlement provider or purchaser.

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Applicant Attestation and Certification

I, the above named applicant, attest that I have read and understand Idaho Code Sections 41-1950 through 41-1965 (the Life Settlements Act), IDAPA 18.01.13, and I apply for a life settlement broker license. I understand the following:

1. A condition of this designation is that I must maintain the life qualification on a separate producer license.
2. All life settlement contract forms, owner disclosure statement forms and advertising must be filed and certified to be in compliance with the Life Settlements Act.
3. I must follow all the filing and disclosure requirements while acting under this license as set forth in the Life Settlements Act.
4. I will abide by the privacy requirements as put forth in Idaho Code, Section 41-1954. (Although specific reference is made to this particular section, I agree that it is my duty to comply with all applicable law.)
5. If I am granted this license, in order to continue licensure, I agree to renew the life settlement license at the same time as my Idaho life producer license.

I certify that, under penalty of perjury, I am the person named herein and know the contents thereof, and that 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 denial or revocation and may subject me to civil or criminal penalties.

(Non-resident producers only) I designate the Director of the Idaho Department of Insurance to be my agent for service of process regarding all insurance matters in Idaho and agree that service upon the director is of the same legal force and validity as personal service upon myself.

I further certify that I grant permission to the Director of the Idaho Department of Insurance or other appropriate party to verify information with any federal, state or local government agency, current or former employer, or insurance company.

I authorize the Director of the Idaho Department 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 Idaho Department of Insurance and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information. I acknowledge that I understand and will comply with the insurance laws and rules of the Idaho Department of Insurance.

INDIVIDUALS SIGN HERE:

Signature of Applicant
Printed Name
Date

BUSINESS ENTITIES SIGN HERE:

Signature of officer of the firm
Printed Name
Title
Date