

Application for an Life Settlement Provider License

This form is for entities wishing to apply for a Life Settlement Provider License in Idaho.

Instructions:

1. Hold a Producer License in Idaho with the Life line of authority.
2. Prepare the application packet. This packet must contain:
 - ___ A [NAIC biographical affidavit](#) for each of the trustees, current officers and members of the board of directors or partners as applicable.
 - ___ Copies of the applicant's financial and operating reports for the past two fiscal years.
 - ___ A description of your plan of operation and territory to be served, including but not limited to:
 - a. Describe procedures used to determine the amount of settlements.
 - b. Describe how the applicant advertises and markets its business. Explain how potential clients are identified and by what means they are contacted. Explain how marketing representatives and other individuals who have direct contact with potential clients are recruited, trained and compensated.
 - c. Explain applicant's measures for keeping all medical information confidential.
 - d. List the contract offering and servicing facilities to be used by the applicant to do business in Idaho.
 - e. Describe what steps the applicant has taken or will take to ensure that clients will have immediate access to their funds.
 - ___ List of financial institutions where resources for paying life settlements are maintained. Identify any financial institution with which the applicant has an affiliation, other than as a depositor. Please include the following information about licensing in other jurisdictions:
 - a. List of all states in which the applicant has an application pending for licensure as a life settlement provider.
 - b. List of the states in which the applicant is, or at any time was, engaged in the business of a life settlement provider. Identify the type of license or registration required by these states, if any.
 - c. List all business licenses held or applied for by the applicant from any governmental agency.
 - ___ A completed copy of the Application for an Life Settlement Provider License form.
 - ___ A check or money order payable to the Idaho Department of Insurance for the non-refundable \$500 dollar application fee.

3. Mail the complete application packet to:

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

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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)

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Business Entities Also Complete the Following

FEIN	Contact Person	Phone
Name of Designated Responsible Producer	NPN of Responsible Prod	

List DBAs (if applicable)

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Definition of Provider

Provider means a person, other than an owner, who enters into or effectuates a life settlement contract with an owner resident in this state. Life settlement provider does not include:

- a. A bank, savings bank, savings and loan association, credit union or other licensed lending institution that takes an assignment of a life insurance policy solely as the collateral for a loan;
- b. A premium finance company making premium finance loans that takes an assignment of a life insurance policy solely as collateral for a loan;
- c. The insurer of the life insurance policy;
- d. An authorized or eligible insurer that provides stop loss coverage or financial guaranty insurance to a life settlement provider, purchaser, financing entity, special purpose entity or related provider trust;
- e. A financing entity;
- f. A special purpose entity;
- g. A related provider trust; or
- h. Any other person that the director determines is not the type of person intended to be covered by the definition of life settlement provider.

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 provider 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 file an annual report using Idaho Department of Insurance forms by March 1st of each year per Idaho Code Section 41-1954.
4. I must follow all the filing and disclosure requirements while acting under this license as set forth in the Life Settlements Act.
5. I will abide by the privacy requirements as set 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.)
6. If I am granted this license, in order to continue licensure, I will 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 the 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 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 information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization, and I release the department 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.

I acknowledge that any resale of viatical settlements, life settlements, senior settlements or similar agreements in, into or from the state of Idaho are securities subject to compliance with the Idaho Uniform Securities Act (Idaho Code §30-14-101, *et seq.*).

I certify that to the extent required, I will comply with the registration, anti-fraud and all other requirements of the Idaho Uniform Securities Act (Idaho Code §30-14-101, *et seq.*) when selling securities in, into or from the state of Idaho.

INDIVIDUALS SIGN HERE:

Signature of Applicant

Printed Name

Date

BUSINESS ENTITIES SIGN HERE:

Signature of officer of the firm

Printed Name

Title

Date