State of Idaho

DEPARTMENT OF INSURANCE

C.L. "BUTCH" OTTER
Governor

700 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0043 Phone (208)334-4250 FAX # (208)334-4398 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 Lisa Tordjman. 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 both.
- (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 subsection.

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 N	ame	Middle SSN		SSN
Home <u>Physical</u> Address	City	County	State	Zip	Home Phone
Business <u>Physical</u> Address	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	i	Date of Birth

2. If you were not born in the United States, provide the time of first entry and port of entry:

3.	Are you a U.S. If no, provide t		□ no		
Citize	nship Country	State/Province	Basis of U.S. Residence	Alien	Registration Number
4.			the United States, indicat alization must be provided,		ou became naturalized. The
5.			n by another name (includi ed and explain the reasons		☐ yes ☐ no nge(s).
Other	Names Used		Da	ate of Use	
Reaso	on for Name Change	e(s)	(a	ttach additional pages	as needed)
6.			d a different Social Securit nation (attach additional pa		s □ no
Other	Social Security num	nbers used/issued	Da	ate of use	
Reaso	on				
7.	engaged in the	e business of insura	or marriage (either current ince? □ yes □ no h additional pages as need		ny capacity with any entity
Name	of Relative	Address	Relationship to Appli	cant Insurer	/Employer Name and Address
8.	Have you ever □ yes □ no		/ capacity, in a civil action, tails of all civil actions (att		
Title c	of Case				Case Number
1-1		Federal	□ State		
	fication of Court			City/State	Date of Action
Descr	ription of case and y	your involvement, inclu	uding outcome:		
SEC	TION II – EDUC	ATION			
1.	you have atte		rour education and training onal pages as needed. Inc		
Name	e of High School(s)	Address	Major D	ates Attended	Highest Level Attained
Name	e of College(s)	Address	Major D	ates Attended	Highest Level Attained
Name	e of Tech School(s)	Address	Major D	ates Attended	Designation
Post	Graduate Schools	Address		ates Attended	Designation

or Programs

SECTION III -- CHRONOLOGICAL EMPLOYMENT HISTORY AND PROFESSIONAL LICENSES | -- CÉRTIFICATIONS -- DESIGNATIONS

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.

Nar	me of Employer	Address	Title/Job	Employment Dates	Reasons for Leaving
					·
2.	including but nadministrator?	ot limited to, being a prod □ yes □ no the following information al	ducer, agent, bro	oker, solicitor, adjuste	the business of insurance, er, consultant or third party ofessional license(s) (attach
Type of	f License	Date of Issue	State		Status of License
i ype oi	License	Date of Issue	State		Status of License
	actions) filed ag	gainst you regarding your in he following (attach additio	surance activitie	es? □ yes □ no	roceeding (include pending
Type of	f Action	Court/Administrative Agency	State	Date of Action	Outcome
4.	pending action		l or administrati		ratively sanctioned (include n this section, provide the
Date of	f Sanction/Suspensi	on/Revocation Type of Lie	cense l	Fines Paid	Status of Proceeding
5.	issued by a Dep If yes, provide	partment of Insurance? [□ yes □ no about your activ		cations or designations not
Issued	by		Address		City/State
Type or	f License, certificati	on or designation	Date of Iss	ue Status of license	e, certification or designation
6.	(include pendir	had a customer, client on the client on the client on the client of the client of the client addition the following (attach addition)	regarding your	other professional acti	e or other legal proceeding ivities? □ yes □ no
Type o	f Action	Court/Administrative Agency	State	Date of Action	Outcome
7.		had a company appointmen the following information (a			s ⊡ no
Compa	any Name and Addre	ess	Date of Te	ermination	Reason Given by Company

8.		ely sanctioned					n suspended, revoked, or rmation (attach additional
Date of S	Sanction/Suspe	nsion/Revocation	Type of	f License	Fines F	Paid	Status of Proceeding
SECTION		MINAL HISTOR	√				
SECTION	ON IV - CKIII	MINAL HISTOR					
1.	you; the date convicted; probation/pa of negotiate	e of charge(s); p sentence(s); da irole; restitutior d plea agreeme riminal convicti	place of char ate(s) of in a ordered; re nts and ple	ge(s); trial coccarceration; estitution paids of nolo co	ourt(s); date date(s) of d; fines/cost ontendere to	of disposition; ch probation/parole; s ordered; fines/c an Information c	nal charge(s) filed against arge(s) on which you were date(s) of release from costs paid. Include details in indictment. Describe in lication. Attach additional
2.	indicted, as Information connection If yes, prov	entered into a or indictment, l with any other fo	negotiated nad a sente elony or mis statement o	plea agreem nce suspend demeanor cr describing th	ent, enterec ed or had p iminal activit	I a plea of guilty ronouncement of ties? ☐ yes	er been charged, arrested, or <i>nolo contendere</i> to an a sentence suspended, in no stance, including the city,
3.	Application,	ceived any type or any other of de the following	fense listed´	? 🗆	yes □ no		that are the subject of this
Pardoni	ng Authority	County	State	Convicted C	Offense D	ate of Expungement	Terms of Expungment
4.	restitution of	nade full payme concerning any a le explanation (a	and all offen	ses? □	yes □ no	•	on fees, fines and ordered
5 .	Are there n	nitigating or ext	enuatina ci	rcumstances	surrounding	g your commissio	n of the offenses listed in
	Section IV?		_			additional pages a	

6.	List all evidence that exists regarding your rehabilitation (attach additional pages as needed).							
SECTI	ON V – PRESENT/PR	OPOSED INSURANC	E EMPLOYMENT]				
1.		information about you the business of insurar				on/relationship with		
Name of	f Employer	Address	City	State	Zip	Telephone		
Name of	f Insurance Entity	Address	City	State	Zip	Telephone		
Applica	nt's Direct Supervisor	Address	City	State	Zip	Telephone		
Busines	ss Location of Applicant's	Employment/Insurance R	Related Activity		Office	s Held or Job Title		
		·						
3.		g information about y d in the business osur				ociation/relationship		
						ociation/relationship Telephone		
Name o	with an entity engage	d in the business osur	ance (attach addition	onal pages as need	ed):			
Name o	with an entity engage f Proposed Employer	d in the business osur Address	rance (attach additio	onal pages as need State	ed): Zip	Telephone		
Name o	with an entity engage f Proposed Employer f Insurance Entity	d in the business osur Address Address Address	cance (attach addition City City City	onal pages as need State State	ed): Zip Zip Zip	Telephone Telephone		
Name o	with an entity engage f Proposed Employer f Insurance Entity nt's Direct Supervisor as Location of Applicant's Describe in detail th	d in the business osur Address Address Address	City City City City Caty Caty Caty Caty Caty Caty Caty Ca	onal pages as need State State State	ed): Zip Zip Zip Office	Telephone Telephone Telephone s Held or Job Title		

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).
SEC	TION VI – FINANCIAL INFORMATION
1.	Do you have any civil judgments, tax or other liens or penalties outstanding (include pending actions)? □ yes □ no If yes, describe in detail (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? yes no 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.	<u>Attach a list</u> 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? □ yes □ no 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? ☐ yes ☐ no ☐ If yes, provide details (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? yes no 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 (corpor indirectly, in the business of ibeneficially a stock or other own Include any option agreements as needed):	insurance in which your iership interest. Include t	relatives, by blood or he name of the individual	marriage, hold directly or and relationship for each.
SECTI	ON VII – GROUNDS RELIED UP	PON FOR APPLICATION	FOR WRITTEN CONS	ENT
1.	Provide a complete explanation or proposed insurance activities purpose of 18 U.S.C. § 1033, and additional pages as needed):	s for which written cons	ent is sought will not be	contrary to the intent and
2.	You may enclose letters of reco Department of Insurance, attest of time that the writer has know under which the writer is qualifi your character traits as they re sought. Each letter should indi you have informed the writer of Insurance and the purpose there	ing to your character and on you, the writer's name, ed to comment on your clate to the employment, cate that it is being submather that it is being submather the factual basis of the factual bas	reputation. These letters address and phone num haracter and reputation. position or activities for itted in compliance with	should indicate the length ber and the circumstances The writer should describe which written consent is these procedures and that
3.	Have you ever applied for writte other state or jurisdiction? If yes, provide the following info	□ yes □ no	•	_
Name o	f Insurance Regulator	State/Jurisdiction	Date of Application	Outcome of Request
<u> </u>	ION MILE TO THE TOTAL PROPERTY OF THE TOTAL			
SECT	ION VIII – ATTACHMENTS			
	the following documents to th ations with incomplete attachmen			s without attachments, or
	1. A certified copy of the a	applicant's criminal histor	y.	

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which is/are the subject of this Application.

A certified copy of the indictment, criminal complaint or other initiating document for the charge(s)

A certified copy of the order of judgment and sentence of the Court for the conviction(s) which is/are

the subject of this Application, including certification of performance of all conditions imposed by

2.

3.

the Court.

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:

- 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

statements in the attached Application, and complete. I understand that my Application will be relied upon by the Di of his or her duties under the Insuranc Application. I understand that if I have any false statements included in the attaunder any state criminal or administrati I currently hold, or for which I have appunderstand that these false statements purposes of this Application, I do not crequest would be granted. By sign Department of Insurance may coninformation in this Application, a business or agency to release any part of the investigation, including state and federal tax returns, business	statements in the Application and rector of the Idaho Department of Ine Code, and 18 U.S.C. § 1033, in made any false statement in this Application, I may ve remedies available and that any plied, will be subject to suspension would also constitute a violation ontest the validity of any felony coning this Application, I acknownduct an independent investignd I expressly consent and a information the Insurance Department of Imited to, records of medical contents of the Insurance of Insurance Department of Imited to, records of Insurance of Insuran	reto, are true and correct the attachments to my asurance in the execution making a decision on this application, or if there are be criminally prosecuted insurance license(s) that nor revocation. I further of 18 U.S.C. § 1033. For enviction upon which this evolution upon which this evolution to confirm the fauthorize any person, artment may request as my former employment,
State, and redefar tax returns, Saeme	oo rooordo, and banking rooordo	,,
	Signature of Applicant	Date
	O.g. caracter of the property of the caracter	
STATE OF) SS COUNTY OF)		
SUBSCRIBED AND SWORN to, and acknow	wledged before me by	to be his/her free
act and deed this day of		
S	Notary Public	
E	Residing at:	
A	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	Criminal Charge(s)		Date(s) of	Convicted		Date(s) of	Date(s) of	Release Date(s)	Restitution	Fines/Costs
Charge(s)	and Date of Charge	Court	Date(s) of Disposition	Charge(s)	Sentence(s)	Incarceration	Probation/Parole	from Probation/Parole	Restitution Ordered/Paid	Ordered/Paid
									_	
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										-