

# IDAHO FILING SUBMISSION DOCUMENTATION FORM FOR LIFE SETTLEMENTS

**Leave sections which do not apply blank.**

**DATE**

Entity Name	Domiciliary State	FEIN #
Address		
Producer License Number	E-mail address	

**TYPE OF FILING**

Attach listing showing description of forms, form numbers and forms and advertising being filed and/or replaced.


**Under Idaho law, life settlement contract forms, owner disclosure statement forms and advertising must be filed with the Department and certified to be in compliance with sections 41-1950 through 41-1965 of the Idaho Code. If the forms are later found to be in noncompliance with the Idaho Code and rules of the Department, the Director shall, in accordance with the Idaho administrative procedures act, prohibit the use of such forms and administrative penalties may be assessed. Any forms not in compliance must be brought into compliance retroactive to the date of first use.**

**CERTIFICATE OF COMPLIANCE**

I, the undersigned, declare that I am an authorized representative of the organization named above, and that I have the authority to bind that organization by my signature. I have reviewed the contents of this filing and all applicable sections of the Idaho Insurance code, rules and bulletins. I certify that, to the best of my knowledge and belief, all documents contained herein comply with said code, rules and bulletins, are in final printed format and all terms contained therein appear exactly as they will appear when offered for issuance or delivery in the State of Idaho.

**X** \_\_\_\_\_

Signature
Print Name
Title

**SUBMIT**