



**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
PO Box 82089
Lincoln, NE 68501
www.doi.nebraska.gov**

For Department Use Only

Amt. Rec'd _____

Date Rec'd _____

Tracking No. _____

VIATICAL SETTLEMENT BROKER BUSINESS ENTITY LICENSE APPLICATION

(Please Print or Type)

1) FEIN <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>														2) Incorporation / Formation Date		3) Type of Entity Corporation LLC Partnership LLP	
4) Business Entity Name				5) DBA / Trade Name (if applicable)													
6) Business Address				7) City		8) State	9) Zip Code										
				10) Business Phone Number		11) State of Domicile											
12) Business Web Site Address				13) Email Address													
14) Mailing Address (if different than business)				15) City		16) State	17) Zip Code										

Designated Licensed Individual Broker Information

18) Designate every individual who is authorized to act for the Business Entity under the Business Entity's license. Each designated individual must have an individual Viatical Settlement Broker license. The business Entity must have at least one Designated Licensed Individual Viatical Settlement Broker who is responsible for the Business Entity's compliance with the laws, rules and regulations of the State of Nebraska.

Individual's Name	Social Security Number	Nebraska License Number
Individual's Name	Social Security Number	Nebraska License Number

Stockholders, Partners, Directors, Officers, Members, and Designated Employees

19) Identify all stockholders, partners, directors, officers, members and designated employees of the business entity.
(Please list additional Stockholders, Partners, Directors, Officers, Members and Designated Employees on separate sheet)

Individual's Name	Title	Social Security Number
Address		Nebraska License Number
Individual's Name	Title	Social Security Number
Address		Nebraska License Number
Individual's Name	Title	Social Security Number
Address		Nebraska License Number
Individual's Name	Title	Social Security Number
Address		Nebraska License Number
Individual's Name	Title	Social Security Number
Address		Nebraska License Number

Background Information

20) Please read the following background questions carefully and answer every question.

<p>1. Has the business entity or any stockholder, partner, director, officer, member or designated employee ever been convicted of, or is the business entity or any owner, partner, director, officer or designated employee currently charged with, committing a crime, whether or not adjudication was withheld?</p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p><i>If you answer yes, you must attach to this application:</i></p> <p>a. a written statement explaining the circumstances of each incident, b. a copy of the charging document, and c. a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>2. Has the business entity or any stockholder, partner, officer, director, member or designated employee ever been involved in an administrative proceeding regarding any professional or occupational license?</p> <p><i>If you answer yes, you must attach to this application:</i></p> <p>a. a written statement identifying the type of license and explaining the circumstances of each incident, b. a copy of the Notice of Hearing or other document that states the charges and allegations, and c. a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>3. Has any demand been made or judgment rendered against the business entity or any stockholder, partner, director, officer, member or designated employee for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?</p> <p><i>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangement for repayment.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4. Has the business entity or any stockholder, partner, director, officer, member or designated employee ever been notified by any jurisdiction in which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p><i>If you answer yes, identify the jurisdiction(s): _____</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5. Is the business entity or any stockholder, partner, director, officer, member or designated employee a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p><i>If you answer yes, you must attach to this application:</i></p> <p>a. a written statement summarizing the details of each incident, b. a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c. a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6. Has the business entity or any stockholder, partner, director, officer, member or designated employee ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p><i>If you answer yes, you must attach to this application:</i></p> <p>a. A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b. Copies of all relevant documents.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant’s Certification and Attestation

21) The undersigned stockholder, partner, director, officer, member or designated employee of the business entity hereby certifies as the authorized representative of the business entity, under penalty of perjury, that:

1. All of the information admitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation may subject me, and the business entity to civil or criminal penalties.
2. The business entity grants permission to the Director of Insurance to verify any information supplied with any federal, state, or local government agency, current or former employer or insurance company.
3. Each individual authorized to act for the business entity under this license either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.

(continued)

4. I authorize the jurisdictions to give any information they may have concerning me or the business entity, to any federal, state or municipal agency or any other organization, and I release the jurisdictions and persons acting on their behalf from all liability of whatever nature, by reason of providing such information.
5. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which the business entity is applying for licensure.

Signature for Certification and Attestation:

Business Entity Broker/Provider Name

Authorized Representative Signature

Authorized Representative Name & Title

Month/Day/Year

Additional Requirements and Information

Business Entity Broker Requirements:

1. Each individual acting for or authorized to act for the business entity, licensed as an individual viatical settlement broker and designated by the business entity with the Department.
2. Proof of financial responsibility in the form of a surety bond executed and issued by an insurer authorized to issue surety bonds in Nebraska or evidence of the existence of a deposit of cash, certificates of deposit, or securities or any combination thereof in the amount of \$250,000, or proof that financial instruments in accordance with these requirements have been filed with one or more states where the applicant is licensed as a viatical settlement broker. (See Bond Section below).
3. Each application for licensure shall be accompanied by a non-refundable fee in the amount of \$40.00.

Bond or Other Evidence of Financial Responsibility

Each application must be accompanied by either (1) a surety bond executed and issued by an insurer authorized to issue surety bonds in Nebraska or evidence of the existence of a deposit of cash, certificates of deposit, or securities or any combination thereof in the amount of \$250,000, or (2) proof that financial instruments in accordance with these requirements have been filed with one or more states where the applicant is licensed as a viatical settlement broker.

Any surety bond issued pursuant to this clause must be in favor of Nebraska and must specifically authorize recovery by the director of the Department of Insurance on behalf of any person in Nebraska who sustained damages as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices by the viatical settlement broker.

Please mark the applicable option:

SURETY BOND

A surety bond in the amount of \$250,000. The surety bond must be executed on the form included in this application. Attach the original copy of the properly executed bond and acknowledgment of principal/surety and power of attorney.

OTHER EVIDENCE OF FINANCIAL RESPONSIBILITY

In lieu of a surety bond, the applicant may deposit with the director, or with banks in Nebraska that the applicant designates, cash, certificates of deposit, or securities or any combination thereof to an aggregate amount, based upon principal amount or market value, whichever is lower, of not less than the amount of \$250,000. The cash, certificates of deposit, or securities must be deposited and held to secure the same obligations as the security device. The depositor shall receive all interest and dividends. The depositor may, with the approval of the director, substitute other securities for those deposited.

We will accept proof of cash, certificates of deposit or securities that have been filed in another state where the applicant is licensed as a viatical settlement broker.

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DEPARTMENT OF INSURANCE
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(402) 471-4913**

STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
VIATICAL SETTLEMENT PROVIDER/BROKER SURETY BOND

Know all men by these presents, that _____
(Name of Viatical Settlement Provider/Broker)

a _____
(Description or form of business organization, including state of incorporation, e.g., "a Nebraska Corporation")

with business office at _____
(Street Address and Suite or Room Number, city, state, and zip code of office covered by this bond)

as Principal and _____, a corporation duly organized under the laws of the state of _____, which is authorized to engage in the business of insurance in the State of Nebraska, as Surety, are hereby held and firmly bound to the Department of Insurance of the State of Nebraska, in the sum of _____ (\$_____). Principal and Surety bind themselves, their representatives, successors and assigns, jointly and severally by these presents.

THE PARTIES FURTHER AGREE THAT:

1. The purpose of this obligation, which is required by Nebraska Revised Statutes, Section 44-1103(6)(d), is to secure the compliance by Principal with the terms of Nebraska Revised Statutes, Sections 44-1101 to 44-1117, and any other legal obligations arising out of the Principal's conduct as a Viatical Settlement Provider or Broker.
2. This bond is for the benefit of the State of Nebraska and any person suffering damages by reason of Principal's failure to comply with Nebraska Revised Statutes, Sections 44-1101 to 44-1117 or other legal obligation arising out of the Principal's conduct as a Viatical Settlement Provider or Broker.
3. If Principal shall violate Nebraska Revised Statutes, Sections 44-1101 to 44-1117, or other legal obligation arising out of Principal's conduct as a Viatical Settlement Provider or Broker, the Director of Insurance, as well as any person damaged as a result of such violation, shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for damages sustained by the injured party as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices by the Viatical Settlement Provider or Broker.
4. This obligation may be cancelled by said Surety by giving thirty (30) days' notice in writing of its intention to do so to the Department of Insurance of the State of Nebraska and said Surety shall be relieved of any further liability under this bond thirty days after receipt of said notice by the Department of Insurance of the State of Nebraska.
5. Regardless of the amount of years this bond shall continue in force and the number of premiums which shall be payable or paid, the surety's total limit of liability shall not be cumulative from year to year or period to period.

Signed and sealed this _____ day of _____, 20_____.

By: _____ By: _____
(Name of Surety) (Signature of Attorney in Fact of Surety Company)

By: _____ By: _____
(Name of Viatical Settlement Provider) (Signature of Sole Proprietor, Partner, or President)

ACKNOWLEDGMENT BY SURETY

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, 20_____, before me,
_____, a Notary Public, within and for said County and State,
personally appeared _____ to me personally known to be the
Attorney-in-Fact of and for _____ and acknowledged
that he or she executed the said instrument as the free act and deed of said Company.

In witness whereof, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid
County, the day and year in this certificate first above written.

Notary Public in the State of:
County of: