

**REQUIREMENTS AND PROCEDURE FOR OBTAINING A  
VIATICAL SETTLEMENT BROKERS LICENSE  
WHO ARE NOT LIFE LICENSED**

**QUALIFICATIONS**

1. Applicant shall be at least 18 years of age.
2. Demonstrated evidence of financial responsibility.

**PROCEDURE**

Submit the “Viatical Settlement Broker Individual License Application” (Form DOIVIABRK) and bond or other evidence of financial responsibility to the Licensing Division at the address listed below. Also include a check in payment of the license fee. Refer to the Schedule of Fees listed below.

**PRE-LICENSING EDUCATION REQUIREMENTS**

There are no pre-licensing requirements for this license type.

**EXAMINATION PROCEDURE**

Information regarding the insurance examination procedure is available at [www.prometric.com](http://www.prometric.com) or from the Department of Insurance Licensing Division upon request.

**LICENSE FEES**

Initial License Fee.....	\$40.00
Renewal Fee .....	\$40.00

*(Please make checks payable to the Nebraska Department of Insurance)*

**PRINTING LICENSES**

The Nebraska Department of Insurance Licensing Division no longer mails out a hard copy of new or renewed licenses. A copy of your license can be downloaded or printed by going to: [www.statebasedsystems.com/LicensePrint.htm](http://www.statebasedsystems.com/LicensePrint.htm).

**LICENSE RENEWAL**

Initial individual licenses are issued to expire the last day of the month in the licensee’s birth month in which his/her age is divisible by two.

Therefore, individuals born in even numbered years renew their license on their birthday in the even numbered years and individuals born in odd numbered years renew their license on their birthday in the odd numbered years.

**CONTINUING EDUCATION REQUIREMENTS (2 YEARS)**

**APPLIES TO RESIDENT LICENSEES WHO ARE NOT LIFE LICENSED ONLY**

A resident viatical settlement broker is required to complete fifteen (15) hours of continuing education activities; Three (3) of the fifteen hours must be in the area of insurance related ethics.

Detailed information regarding the two-year continuing education requirements are available from the Department upon request.

**CHANGE OF ADDRESS**

Any person licensed under the Viatical Settlements Act shall notify the Department within thirty (30) days of any change of residential or business address. Form DOI-9110 must be submitted to report a change of address.

Reasonable accommodations for disabled persons available upon request at (402) 471-2201. TDD users 800-833-7352 for relay to (402) 471-2201

**NEBRASKA DEPARTMENT OF INSURANCE**

**P.O. BOX 82089**

**LINCOLN, NE 68501-2089**

**Licensing Division: (402) 471-4913**



**STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
PO Box 82089  
Lincoln, NE 68501  
[www.doi.nebraska.gov](http://www.doi.nebraska.gov)**

*For Department Use Only*

Amt. Rec'd \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Tracking No. \_\_\_\_\_

**VIATICAL SETTLEMENT BROKER  
INDIVIDUAL LICENSE APPLICATION  
( For Producers Who Are NOT Currently Life Licensed )**

*(Please Print or Type)*

1) Soc. Security Number				2) National Producer Number (NPN)			
			-				
3) Last Name			4) First Name		5) Middle Name		6) Date of Birth ____/____/____
7) Residence/Home Address			8) City		9) State		10) Zip Code
11) Home Phone Number					12) Email Address		
13) Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No – Which country are you a citizen? _____ (If answer is No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)							
14) Business Entity Name							
15) Business Address			16) City	17) State		18) Zip Code	
19) Bus Phone					20) Bus Fax		

**Background Questions**

1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? <i>You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? <i>You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
If so, was consent granted? (Attach copy of 1033 consent approved by home state.)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NOTE:</b> For Questions 1a, 1b and 1c, <b>“Convicted”</b> includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine. If you answer yes to any of these questions, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.		
2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? <i>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. “Involved” also means having a license, or registration, application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NOTE:</b> If you answered yes to question number 2, you must attach to this application: 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.		

Applicant's Name: \_\_\_\_\_

**Background Questions (Continued)**

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. <i>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?  If you answer yes, identify the jurisdiction(s): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Applicant's Certification and Attestation**

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, 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 revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made 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 jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Additional Requirements**

**The following information should be included when submitting your application;**

1. A check in the amount of \$40.00
2. Evidence of financial responsibility in the amount of \$250,000 through either a surety bond or a deposit of cash, certificates of deposit, or securities.
3. Provide a copy of an anti-fraud plan meeting the requirements of Neb.Rev.Stat. §44-1112(7).
4. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.

Application should be mailed to:

**STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
PO Box 82089  
Lincoln, NE 68501  
(402) 471-4913**

## 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
1. 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
2. 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.

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)

