

SERFF Tracking Number: LSMI-127848599 State: Arkansas  
Filing Company: Crump Life Insurance Services, Inc State Tracking Number: 50346  
Company Tracking Number: BKR RPT-020  
TOI: VS01 Viatical Settlements Sub-TOI: VS01.000 Viatical Settlements  
Product Name: LS  
Project Name/Number: Broker report revised/020

## Filing at a Glance

Company: Crump Life Insurance Services, Inc

Product Name: LS

TOI: VS01 Viatical Settlements

Sub-TOI: VS01.000 Viatical Settlements

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: LSMI-127848599 State: Arkansas

SERFF Status: Closed-Filed-Closed State Tr Num: 50346

Co Tr Num: BKR RPT-020

Author: Joy Dawe

Date Submitted: 11/28/2011

State Status: Filed-Closed

Reviewer(s): Linda Bird

Disposition Date: 12/01/2011

Disposition Status: Filed-Closed

Implementation Date:

## General Information

Project Name: Broker report revised

Project Number: 020

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Joy Dawe

Filing Description:

Revised Broker Compensation Disclosure

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Differenet version required in state of domicile

Market Type: Individual

Individual Market Type:

Filing Status Changed: 12/01/2011

State Status Changed: 12/01/2011

Created By: Joy Dawe

Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

Joy Dawe, Compliance Director

25101 Chagrin Blvd

Suite 110

Cleveland, OH 44122

joy.dawe@crump.com

888-383-0632 [Phone]

888-515-4322 [FAX]

### Filing Company Information

<i>SERFF Tracking Number:</i>	<i>LSMI-127848599</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Crump Life Insurance Services, Inc</i>	<i>State Tracking Number:</i>	<i>50346</i>
<i>Company Tracking Number:</i>	<i>BKR RPT-020</i>		
<i>TOI:</i>	<i>VS01 Viatical Settlements</i>	<i>Sub-TOI:</i>	<i>VS01.000 Viatical Settlements</i>
<i>Product Name:</i>	<i>LS</i>		
<i>Project Name/Number:</i>	<i>Broker report revised/020</i>		
Crump Life Insurance Services, Inc	CoCode:	State of Domicile: Pennsylvania	
25101 Chagrin Blvd, Suite 110	Group Code:	Company Type:	
Cleveland, OH 44122	Group Name:	State ID Number: 247963	
(888) 383-0625 ext. [Phone]	FEIN Number: 23-2232460		

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Crump Life Insurance Services, Inc	\$0.00	11/28/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	12/01/2011	12/01/2011

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## **Disposition**

Disposition Date: 12/01/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Consent to Release Medical Records		Yes
Supporting Document	Escrow Agreement		No
Supporting Document	Physician Statement		No
Supporting Document	Power of Attorney		No
Form	Broker Report		Yes

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## Form Schedule

**Lead Form Number: BKR RPT-020**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	BKR RPT-020	Other	Broker Report	Revised	Replaced Form #: BKR RPT-001 Previous Filing #:	38.400	BKR RPT-020.pdf Bid History - Sample.pdf



## Life Settlement Bid History Report

### Seller & Policy Information

Policy Owner: Test  
 Policy #: 1561654  
 Carrier: First Colony  
 Face Amount: \$2,500,000

### Producer Information \*

Name: Agent, John Q.  
 Address: P.O. BOX 2453  
 HARRISBURG PA 17105-2453  
 Phone: (717) 512-1515

Provider/Buyer	Gross Offers		Notes
	Amount	Offer Date	
Maple Life	\$900,000	12/11/2009	
Legacy Benefits, LLC	\$850,000	12/11/2009	
Legacy Benefits, LLC	\$777,777	12/12/2009	
Maple Life	\$552,035	12/11/2009	
Credit Suisse	\$275,000	12/15/2009	
Credit Suisse	\$250,000	12/15/2009	
Legacy Benefits, LLC	\$152,015	12/11/2009	
Maple Life	\$123,654	12/11/2009	
Legacy Benefits, LLC	\$55,555	12/11/2009	
Maple Life	\$54,654	12/11/2009	
Maple Life	\$500	12/11/2009	
Peachtree Financial Solutions	Declined	03/29/2010	

\*Offers for this policy were solicited by Crump Life Insurance Services (CLIS), a fully registered and licensed Life Settlement broker. CLIS has a contractual relationship with this Producer and may have a contractual relationship with any or all of the Providers/Buyers identified in this report.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Consent to Release Medical Records		

**Comments:**

Crump's HIPAA authorization is attached.

**Attachment:**

HIPAA-001 9.1.11.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Escrow Agreement		

**Bypass Reason:** Escrow agreements should be filed by a life settlement provider.

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Physician Statement		

**Bypass Reason:** This written statement is obtained by the life settlement provider.

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Power of Attorney		

**Bypass Reason:** Broker would obtain a Power of Attorney from the owner if applicalbe.

**Comments:**

## HIPAA Authorization for Use and Disclosure of Protected Health Information (PHI)

The undersigned insured(s) (hereafter referred to as “I”, “me” or “my”), authorizes the use and disclosure of my personal health and medical information protected by state and federal law including the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as follows:

**Description and Purpose of Disclosure:** This authorization shall apply to any and all of my personal health and medical information, including medical records in their entirety which may contain mental health records (excluding psychotherapy notes, as defined by HIPAA) and restricted records, life expectancy reports, prescription drug records, HIV-related information, use of alcohol or controlled or prohibited substances, and employment records, whether or not personally or individually identifiable (collectively referred to as my “PHI”). This authorization and all uses and disclosures of my PHI made under this authorization are for the purposes of allowing Crump Life Insurance Services, Inc. and any affiliated companies (hereinafter collectively “Crump”) and any Authorized Recipient (as defined below) to: (1) determine my eligibility for Insurance Products and Services, as defined below; (2) market Insurance Products and Services to me; and/or (3) underwrite my health and/or life expectancy in connection with Insurance Products and Services.

“Insurance Products and Services” means, for example, life insurance, disability insurance, life settlements (the selling of a policy in the secondary market), as well as premium financing and other similar types of products and services. Insurance Products and Services do not include long term care or other types of health insurance.

**Classes of Persons Authorized to Disclose My PHI:** I authorize any health care provider, including any doctor, hospital or medically-related facility, nurse, pharmacy, physician, practitioner, or practitioner practice group (each an “Authorized HCP”), and any insurance company, HMO/PPO or similar organization, employer or, except as may be limited by state law, any other organization, institution or person that has my PHI to disclose to Crump or any Authorized Recipient, any such records or information as provided under this authorization.

**Classes of Persons Authorized to Receive My PHI:** PHI received by Crump may be disclosed under this authorization to any affiliates, subsidiaries, corporate parents, agents, independent contractors, insurance carriers, authorized representatives, premium finance entities, settlement providers, policy buyers or potential policy buyers, life expectancy underwriters and the officers, directors, employees, agents, and other representatives of each and to any other person or entity for the purposes herein described (each an “Authorized Recipient”).

**Further Disclosure Authorization:** I authorize each Authorized Recipient to further disclose my PHI as necessary to carry out the purposes under this authorization. I understand and acknowledge that PHI that is redisclosed by the Authorized Recipient may no longer be protected by law. I further acknowledge that some state and federal laws prohibit the further disclosure of information regarding the diagnosis, prognosis and treatment of drug or alcohol abuse, communicable diseases or infection including sexually-transmitted diseases or HIV without specific written consent. I hereby authorize Crump and each Authorized Recipient to further disclose the foregoing information to the extent such disclosure is necessary in order to carry out the purposes under this authorization.

**Expiration of Authorization:** This authorization shall remain valid for two (2) years after the date signed below.

**Right to Revoke:** I understand that I may revoke this authorization at any time by sending a written request for revocation to Crump or to any Authorized HCP at such address designated to me. Any revocation of this authorization shall not apply to the extent that any person has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

I understand that this authorization is a requirement for the underwriting, sale or settling of Insurance Products and Services and Crump may condition enrollment, eligibility, benefits, sale or settling of Insurance Products and Services on whether I sign this authorization. I also understand that since purchasing or settling Insurance Products and Services is not covered under HIPAA, this requirement does not prohibit this authorization from being used for multiple purposes, as described above. (Note to health care providers: life insurance, disability insurance and any other type of insurance to which this authorization would apply does not constitute a “health plan” under the HIPAA Privacy Rule. Accordingly, this authorization complies with the provisions of the HIPAA Privacy Rule governing authorizations (45 C.F.R. Sec. 164.508)).

A copy or facsimile of this authorization shall be as valid as the original. This authorization may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which counterparts, taken together, shall constitute but one and the same instrument. I certify that I am executing and delivering this authorization freely and voluntarily as of the date written below. I further certify that I have received and retained a copy of this signed authorization for future reference.

\_\_\_\_\_  
Signature of Insured/Proposed Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Additional Insured/Proposed Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Producer’s Name

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship/Authority to Represent