



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET, LITTLE ROCK, AR 72201
PHONE: 501-371-2750, FAX: 501-683-2604
WEBSITE: http://www.insurance.arkansas.gov/License/divpage.htm

Life Settlement (Viatical) Broker Individual
(Please Print or Type)

Form fields 1-34: Soc. Security Number, National Producer Number (NPN), NASD Individual Central Registration Depository (CRD) Number, Financial institution affiliation, Personal information (Last Name, First Name, Middle Name, Date of Birth), Residence/Address, Business information (Business Entity Name, Business Address, Business Phone/Fax, Business E-Mail, Business Web Site), Applicant's Mailing Address, and other assumed names.

Life Settlement Business Entity Affiliations

Field 36: List your Life Settlement Broker Business Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Employment History

Field 37: Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Includes a table with columns for Name, City, State, Foreign Country, From Month/Year, To Month/Year, and Position Held.

Department Use Only: Date received, Funds Received, Ch # RS #, Date Processed, Other, ASI Received Dated, Date Passed, Exam Passed



7. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you currently subject to a repayment agreement? Yes \_\_\_ No \_\_\_
- c) Are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_

**Applicants Certification and Attestation**

40 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. Where required by law, 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, either a) I have no child-support obligation, or 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 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. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

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

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

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



Identification Bureau Individual Record Check Form

Full Name: First Middle Last Name Maiden/Other

Date of Birth: (Month/Day/Year) State of Birth: Race: Sex:

Social Security #:

Driver's License #: State of Issue:

Mailing Address: Street City State ZIP

Daytime Phone #: ( )

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: ARKANSAS INSURANCE DEPARTMENT (First/MI/Last Name) or Full Name of Agency

Mailing Address: 1200 West Third Street Little Rock AR 72201-1904 Street City State ZIP

Signature: (First/MI/Last Name) Date: (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF

§

COUNTY OF

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the

day of , 20 .

Notary Public

82001 Civil Record Check