

**APPLICATION FOR LIFE SETTLEMENT  
BUSINESS ENTITY BROKER LICENSE**



State of Wisconsin  
Office of the Commissioner of Insurance  
Agent Licensing Section  
P.O. Box 7872  
Madison, WI 53707-7872  
(608) 266-8699  
E-mail: ociagentlicensing@wisconsin.gov  
Web Address: oci.wi.gov/agentlic.htm

**Ref:** Section 632.69, Wis. Stat.  
Section Ins 2.18, Wis. Adm. Code  
Section 466(a) [42 U.S.C.666(a)]

**INSTRUCTIONS:** This application together with the \$750.00 nonrefundable fee is required for original licensure. Refusal to provide this information will result in denial of license. Personally identifiable information on this form will be matched with information from other states and law enforcement agencies. Business entity must submit an original endorsement from a licensed insurer identifying professional liability insurance held by the entity in an amount not less than \$1 million total annual aggregate.

Business Entity Name		FEIN	
List any other assumed, fictitious, alias, or trade name under which you are doing business or intend to do business			
Business Address		City	State Zip
Business Telephone Number ( ) -		Fax Number ( ) -	
Mailing Address		P.O. Box	City State Zip
Contact Person (for questions relating to the application filing)	E-mail Address		Contact Person Telephone Number ( ) -
Legal Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership		Incorporation/Formation Date (month)____ (day)____ (year)____	
Designated/Responsible Licensed Producer			
Name _____ WI License Number _____ Social Security Number _____			
Address _____ <small>Number, Street, City, State, Zip</small>			
Home Telephone Number _____ Business Telephone number _____ E-mail Address _____			
<input type="checkbox"/> I certify that the firm's designated responsible Wisconsin-licensed individual representative has complied with the life settlement training requirements.			

**LIST OF LICENSED PROVIDERS**

Provide names and addresses of companies the broker will be representing. Please be aware that all activities relating to life settlements must be performed with Wisconsin licensed life settlement providers.

Name of Provider	Address
_____	_____
_____	_____
_____	_____
_____	_____

## Background Questions

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- 1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes  No

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).

- 1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes  No

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

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? N/A  Yes  No

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A  Yes  No

- 1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a military offense? Yes  No

**NOTE:** For Questions 1a., 1b. and 1c., “**Convicted**” 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 identifying all parties involved (including their percentage of ownership, if any) and 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.

2. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes  No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, 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 application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) 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.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, 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. Yes  No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been notified by any jurisdiction to which you are applying for any delinquent tax obligation that is not the subject of a repayment agreement? Yes  No

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

### Background Questions (continued)

5. Is the business entity or any owner, partner, officer or director 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? Yes  No
- If you answer yes, you must attach to this application:
- a written statement summarizing the details of each incident,
  - a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
  - a copy of the official documents which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes  No
- If you answer yes, you must attach to this application:
- 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
  - copies of all relevant documents.
7. In response to a "yes" answer to one or more of the Background Information questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A  Yes  No
- If you answer yes,
- Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes  No
- Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

### Applicant's Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company hereby certifies, under penalty of perjury, that:

- All of the information submitted 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 and may subject me and the business entity or limited liability company to civil or criminal penalties.
- Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner is of the same legal force and validity as personal service upon the business entity.
- The business entity or limited liability company grants permission to the Commissioner for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer, or insurance company.
- Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company 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.
- I authorize the jurisdictions to which this application is made to give any information they may have 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.
- I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- For Nonresident 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 nonresident state.
- 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).

**Applicant's Certification and Attestation (continued)**

9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the state.

**Must be signed by an officer, director, or partner of the business entity,  
or member or manager of a limited liability company:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code