



Individual Viatical Settlement Broker License Renewal/Continuation

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2665 | 614-387-0096 (Fax) | insurance.ohio.gov

(Please Print or Type)

Check appropriate box for license requested:

- Resident OH License #:
Non-Resident OH License #:
Identify Home State:
Identify Home State License #:

Demographic Information

Form with fields for National Producer Number (NPN), Date of Birth, Last Name, First Name, Residence/Home Address, City, State, Zip or Foreign Country, Individual Applicants Email Address, Business Entity's Name, Business Address, P.O. Box, Business Phone Number, Business Fax Number, Business E-Mail Address, Business Web Site Address, Mailing Address, P.O. Box, City, State, Zip or Foreign Country.

Agency or Business Entity Affiliations

Form for listing insurance agency affiliations with fields for FEIN, NPN, and Name of Agency.

Background Questions

Form with background questions regarding convictions (MISDEMEANOR, FELONY) and consent to engage in the business of insurance.

Background Questions (Continued)

- 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**, which has not been previously reported to this insurance department? 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 answered "**Yes**" to any of the above questions (1a, 1b, or 1c), you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a copy of the charging document, and
- 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, which has not been previously reported to this insurance department? Yes No

"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, 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.

If you answered "**Yes**" to question 2, you must attach to this application:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? Yes No

If you answered "**Yes**" to question 3, answer the following:

- by how many months are you in arrearage? _____ Months
- are you currently subject to and in compliance with any repayment agreement? Yes No
- are you the subject of a child support related subpoena/warrant? Yes No

4. Since your last application or renewal have you been under investigation by any regulatory authority? Yes No

If Yes, details must be provided.

5. Since your last application or renewal have you been subject to any regulatory action including cease and desist orders or similar actions? Yes No

If Yes, details must be provided.

6. Since your last application or renewal have you been a defendant in any lawsuit asking for a judgment that is equal to or greater than 10% of your total assets? Yes No

If Yes, details must be provided.

7. Are you a member or veteran of the armed forces, or the spouse or surviving spouse of a service member or veteran? Yes No

Applicant's Name _____

Applicant's Certification and Attestation**27 The Producer 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. 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 Producer Signature

Date

Full Legal Name (Printed or Typed)

Application Attachments**28 The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.**

1. Non-refundable fee (check or money order) made payable to the "State of Ohio Treasurer" in the amount of \$100.00;
2. Must provide a description of procedures that are in place to safeguard the confidentiality of viators' and insureds' personal and medical information that complies with division (G) of ORC section 3916.07 and 3916.13, only if any changes have been made since the last application or renewal;
3. Must provide a comprehensive anti-fraud plan that complies with requirements of division (G) of ORC section 3916.18, only if any changes have been made since the last application or renewal;
4. Must provide an organizational chart that identifies all employees, position titles, and description of position(s) for any new or remove employees. Chart must include the dates that the change became effective; and
5. If necessary, any required supporting details or documents.

Continuing Education Requirements – Residents Only**29 Resident Viatical Settlement Brokers must complete CE requirements every 2 years. The renewal application should not be submitted until after CE credits have been completed.**

1. Completion of 15 VSE credit requirement on or before compliance period deadline date (biennially December 31st);
2. VSE Course Completion Certificate(s), if required; and
3. VSE compliance period extension fee of \$100.00, if required;