

**KANSAS DEPARTMENT OF INSURANCE**

**APPLICATION FOR VIATICAL SETTLEMENT PROVIDER LICENSE**

Applicant Name	FEIN	Incorporation Date
DBA/Trade Name (if applicable)	State of Incorporation	Country of Domicile
Statutory Home Office Address		City / State / Zip Code
Phone Number	Fax Number	E-Mail Address
Administrative/Business Address		City / State / Zip Code
Phone Number	Fax Number	E-Mail Address
Mailing Address		City / State / Zip Code
Phone Number	Fax Number	City / State / Zip Code

**Required Items Checklist**

**(See Application Instructions Form for Details)**

1. Completed application and non-refundable filing fee of \$1,000 for Viatical Settlement Provider license, including a Kansas Certificate of Good Standing and Appointment of Agent for Service of Process form
2. Viatical Settlement Contract Forms and Kansas Minimum Requirements for Viaticating a Policy – K.A.R. 40-2-31
3. Financial Information/Statements
4. Plan of Operations Narrative Overview
5. Medical Information Review Procedures
6. Viator's Statements
7. Disclosure and Advice Procedures
8. Viator's Recission

9. Organizational Affidavit

10. Anti-Fraud Plan

11. Certificate of Good Standing from the State of Domicile

If you are applying for a License to be a Viatical Settlement Provider, to determine if your application will also need to be reviewed by the Kansas Department of Insurance, Securities Division, please answer the following question:

"Do you intend to offer or sell viatical investments in Kansas to accredited, institutional, or other investors? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please provide a statement outlining your business plan for sale of these investments, including the type or category of investor to which the investments will be marketed.

If the answer to the above question is "no," but at a later date you decide to offer or sell viatical settlements, please be advised that the Kansas Department of Insurance, Securities Division would need to review your documents and Plan of Operation.

### Background Information

Please read and answer the following questions:

YES NO

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1. Has the applicant or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “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 having been given probation, a suspended sentence or a fine.

If you answer yes, 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.

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2. Has the applicant or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or being assessed a fine, placed on probation 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. “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 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.

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3. Has any demand been made or judgment rendered against the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, producer or anyone else or have you ever been subject to a bankruptcy proceeding?

If you answer yes,

- submit a statement summarizing the details of the indebtedness and arrangements for repayment.

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4. Has the applicant or any owner, partner, officer or director ever 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):

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5. Is the applicant 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?

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

- a written statement summarizing the details of each incident,

- b. a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c. a copy of the official document which demonstrates the resolution of the charges or any final judgment

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6. Has the applicant or any owner, partner, officer or director ever had a contract, or any other business relationship terminated for any alleged misconduct?

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

- a. a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an administrator license, and
- b. copies of all relevant documents.

## Applicant Certification and Attestation

The undersigned President, Vice President or other Chief Officer and Secretary of the applicant hereby certifies, under penalty of perjury, that:

1. All the information submitted in the 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 applicant to civil or criminal penalties as determined by a court of law.
2. Where required by law, the applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction 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, Director or Superintendent of that jurisdiction is of the same legal force and validity as personal service upon the applicant.
3. The applicant grants permission to the Commissioner, Director or Superintendent of Insurance in each jurisdiction for which this applicant is made to verify any information supplied with any federal, state, or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the applicant 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.
5. I authorize the jurisdiction to give any information they may have concerning me 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 am familiar with the insurance laws and regulations of the jurisdiction to which I am applying for licensure.
7. I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

**Must be signed by a President, Vice President or Chief Officer of the Applicant and Secretary.**

\_\_\_\_\_  
Signature- President, Vice President or Other CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Secretary

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

My Commission expires \_\_\_\_\_

**Send all documents and check to:**

Rate and Form Compliance Division  
Kansas Department of Insurance

1300 SW Arrowhead Road  
Topeka, KS 66604

Applicant Questions Contact: Cathy Abbott, Rate and Form Compliance Division  
785-296-7857 [cathy.abbott@ks.gov](mailto:cathy.abbott@ks.gov)