

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE

Insurance Division – Agent Licensing 500 James Robertson Parkway Nashville, TN 37243-1134 615 741-2693

Fax: (615) 532-2862 ce.agent.licensing@tn.gov

LICENSING PROCEDURES VIATICAL SETTLEMENT INVESTMENT AGENT

Requirements for a Viatical Settlement Investment Agent License

- (1) Completed and signed Viatical Settlement Investment Agent application
- (2) \$200.00 filing fee
- (3) Viatical Settlement Investment Agent licenses expire annually from date of original license issuance

Duplicate License

The Commissioner may issue a duplicate license for any lost, stolen or destroyed license upon receipt of an affidavit of the licensee, concerning the facts of such loss, theft or destruction.

Fees

- (1) Application Filing Fee \$200.00
- (2) Annual Renewal Fee \$100.00

Forms

Forms may be found on our website: www.tn.gov/commerce/insurance.

NOTE: BY DEPARTMENTAL REQUEST, PLEASE ENCLOSE MONEY ORDER, CERTIFIED CHECK OR CASHIERS CHECK FOR LICENSING FEES.

(Rev. 10/2012)

"Tennessee Viatical Settlement Act of 2009"



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Agent Licensing
500 James Robertson Parkway
Nashville, TN 37243-1134

VIATICAL SETTLEMENT INVESTMENT AGENT APPLICATION

PERSONAL INFORMATION:	
Full Legal Name:	
Resident Address:	
City, State, Zip:	
Home Phone Number	Social Security Number:
Date of Birth:	
Are you a United States citizen? Yes No Non-citizens must provide two forms of documents	
BUSINESS/EMPLOYER INFORMATION:	
Full Legal Name:	
Business Address:	
P O Box Address:	
City, State, Zip:	
Business Phone Number:	Fax Number:
FEIN#	

1.	Yes No License #
	If yes, please explain:
2.	Have you ever held an insurance license in any other state? Yes No License #
	If yes, please explain:
3.	Have you ever had an insurance license cancelled, refused, suspended or revoked? Yes No License # If yes, please explain:
4.	Have you ever applied for or held a life/viatical settlement investment agent's license in Tennessee? Yes No License # If yes, please explain:
5.	Have you ever held a life/viatical settlement investment agent's license in any other state? Yes No License # If yes, please explain:
6.	Have you ever had a life/viatical settlement investment agent's license cancelled, refused, suspended o revoked? Yes No License #
	If yes, please explain:
7.	Have you been adjudicated bankrupt within the past 12 months? Yes No If yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment and/or type and location of bankruptcy.
8.	Have you been convicted of any misdemeanor or felony or are there now pending any criminal proceedings against you? Yes No
	If yes, you must attach (a) a written statement explaining the circumstances of each incident (b) a certified copy of the charging document, and (c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.
9.	Have you ever been the subject of any civil or administrative law proceeding in this or any other states Yes No If yes, you must attach (a) a written statement summarizing the details of each incident (b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration and (c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.
10.	Have you ever been the subject of any order related to the business of insurance or the business of life/viatical settlements? Yes No If yes, please explain:
11.	Have you ever been the subject of any investigation by any federal or state agency or any law enforcement authority, or have you received notice or any other information that you are currently the subject of such an investigation? Yes No If yes, please explain:

Fee:

A nonrefundable fee of \$200.00 must accompany this completed application for a Viatical Settlement investment agent's license.

Certification:

- 1. I intend to conduct business with the general public and not principally with respect to controlled businesses in which relatives or I share a controlling interest.
- 2. I give the Tennessee Department of Commerce and Insurance permission to verify any information supplied with any federal, state or local government agency.
- 3. All of the information in this application and all attachments are true and complete. I am aware that submitting false information in connection with this application is grounds for denial of this application or revocation of any license issued to me and may subject me to other civil or criminal penalties.
- 4. Each licensed non-resident viatical settlement investment agent shall, by application for and issuance of a license by the Tennessee Department of Commerce and Insurance, be deemed to have appointed the Commissioner as agent to receive service of original legal process in this State in any cause of action or legal proceedings arising within this State out of transactions under the license. Service upon the Commissioner shall be of the same force and effect as if served on the non-resident viatical settlement investment agent. The appointment shall be irrevocable for as long as there can be any cause of action against the non-resident viatical settlement investment agent arising out of viatical settlement transactions for which a license is required.

5. I understand that I must enter into a viatical settlement investment agent's contract or agreement with a

viatical settlement provider prior to engaging in the business of a viatical settlement investment agent.

Signature

Date



STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE

Insurance Division **Agent Licensing Section**

500 James Robertson Parkway **Nashville, TN 37243-1134**

APPOINTMENT/TERMINATION VIATICAL SETTLEMENT INVESTMENT AGENT

Viatical Settlement Investment Agent - a person who is an appointed or contracted agent of a licensed viatical settlement provider who solicits or arranges the funding for the purchase of a viatical settlement by a viatical settlement purchaser and who is acting on behalf of a viatical settlement provider.

	(Select One)	
	Appointment	or	Termination
GENT ID #			SS#
	(Full Name)	
		(Address)	
	(City,	State, Zip Code)	
ffective Date of Contract:			
jective Date of Contract:		_	
ovider:			
		(Name)	
		(Address)	
	(City,	State, Zip Code)	
			(Signature of Provider Official)
			(Area Code/Phone No.)