



COLORADO
Department of
Regulatory Agencies
Division of Insurance

For Cash Management Use Only

FEE: \$30.00

Viatical Settlement Producer Affidavit

Producer Name _____

Address: _____

Phone Number: _____

Colorado Producer License Number: _____

Issue Date: _____ Expiration Date: _____

Date of First Negotiation: _____

I _____ Intend to act as a viatical settlement producer in Colorado.
(producer name)

I have read and understand Title 10, Article 7, Part 6 of the Colorado Revised Statutes and I will operate in accordance therewith. I understand that a viatical settlement producer is deemed to represent only the viator's interests and shall owe a fiduciary duty to act according to the viator's instructions and in the viator's best interests.

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

(Date)

(Signature)

