COLORADO
Department of Regulatory Agencies
Division of Insurance

Viatical Settlement Provider Application

Provider Name _____

DBA _____

FEIN _____

Incorporation Date _____

Domicile State _____

Home Office Address _____

Mailing Address _____

Contact Name _____

Phone _____

Fax _____

EMail _____

Owners, Partners, Officers and Directors

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

1.	Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? If yes, attach 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.	Yes ____	No ____
2.	Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? If yes attach 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.	Yes ____	No ____
3.	Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? If yes, attach a statement summarizing the details of the indebtedness and arrangements for repayment.	Yes ____	No ____
4.	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? If yes, attach a written statement summarizing the details of each incident, a copy of the Petition, Compliant or other document that commenced the lawsuit or arbitration and a copy of the official document which demonstrates the resolution of the charges or any final judgment.	Yes ____	No ____
5.	Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If yes attach a written statement summarizing the details of each incident and copies of all relevant documents	Yes ____	No ____

I hereby certify 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 to civil or criminal penalties. I further acknowledge that I am familiar with the laws and regulations of the State of Colorado to which I am applying for licensure.

Date _____ Signature _____

Mail this completed application and a $500 check made payable to **Colorado Division of Insurance** to the following address:

Colorado Division of Insurance
Attn: Cash Management
1560 Broadway, Suite 850
Denver, Colorado 80202

Email inquiries to: DORA_INS_CORPORATEAFFAIRS@STATE.CO.US