



Hawaii Application for Individual or Legal Entity Life Settlement Broker or Provider Insurance License

(Please Print or Type)

Check appropriate box for Life Settlement license requested.

- | | |
|--|--|
| <input type="checkbox"/> Provider License (resident; individual) | <input type="checkbox"/> Broker License (resident; individual) |
| <input type="checkbox"/> Provider License (non-resident; individual) | <input type="checkbox"/> Broker License (non-resident; individual) |
| <input type="checkbox"/> Provider License (resident; legal entity) | <input type="checkbox"/> Broker License (resident; legal entity) |
| <input type="checkbox"/> Provider License (non-resident; legal entity) | <input type="checkbox"/> Broker License (non-resident; legal entity) |

Current Hawaii life producer license number: _____ Date of Expiration: _____

STOP

Residents: You must be licensed as a resident insurance producer with a line of life authority in Hawaii for at least one year to be eligible for a life settlement broker license.

Nonresidents: You must be licensed as a resident insurance producer with a line of life authority in your home state for at least one year to be eligible for a life settlement broker license.

If you meet this life settlement broker requirement, you may proceed with this application.

Legal Entity Applicant					
Business Entity Name			Incorporation/Formation Date (Month/Day/Year)		
FEIN		State of Domicile		Country of Domicile	
Business Address			City	State	Zip Code
Business Phone			Business Website Address		Business E-Mail Address
Mailing Address or P.O. Box			City	State	Zip Code
Individual Applicant					
Social Security Number		If assigned, National Producer Number (NPN)			
Last Name		Jr./Sr.	First Name		Middle Name
Residence/Home Address (Physical Street)			City	State	Zip Code
Home Phone		Gender (Check One)		Date of Birth (Monday/Day/Year)	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Are you a citizen of the United States? (Check One)		If No, of which country are you a citizen? *If No, you must supply proof of eligibility to work in the U.S.			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Entity Name					
Business Address (Physical Street)			City	State	Zip Code
Business Phone		Business E-Mail Address		Business Website Address	
Mailing Address or P.O. Box			City	State	Zip Code
List any other assumed, fictitious, alias, maiden or trade names which you have used in the past					
DO NOT WRITE IN THIS BOX – For State Use Only					
Entity ID: _____		PDB: _____		C&E: _____ 130 \$ _____	
License #: _____		CJIS: _____		Health: _____ 108 \$ _____	
Effective: _____		Log: _____		Legal: _____	
Expires: _____					

Applicant's Certification and Attestation

The Applicant (or on behalf of the legal entity) hereby certifies under penalty or perjury that:

1. 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 ground for this application to be denied or license revoked and may subject me and the legal entity to civil or criminal penalties.
2. I further certify that I grant permission to the Commissioner to verify information provided with any federal, state or local government agency.
3. I authorize the Hawaii Insurance Division to give any information concerning me or the legal entity, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Division and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I understand and will comply with the insurance laws and regulations of the State of Hawaii.
5. For Non-Resident Life Settlement Broker applicants, I certify that I am licensed and in good standing in my resident state for life line authority.

For Individual Resident or Non-Resident License:

*For Legal Entity Resident or Non-Resident License:
(Must be signed by an officer, director or partner of the legal entity, or member or manager of a limited liability company.)*

Original Applicant Signature

Date Signed

Original Applicant Signature

Date Signed

Full Legal Name (Printed or Typed)

Full Legal Name (Printed or Typed)

Title

Address

City

State

Zip Code

Attachments

Please attach to this application information providing the following information:

1. Licensing fee. Payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.
2. If applicable, identify all stockholders owning greater than or equal to 10% interest or voting interest of the applicant.
3. If applicable, identify all partners, officers, and employees of the applicant. Please list their names and position titles.
4. Provider applicants: Attach a detailed plan of operation.
5. All applicants: Attach a detailed anti-fraud plan.
6. All non-resident applicants: Provide the name, address, phone and facsimile numbers, and e-mail address of an agent for service of process; provided that statute authorizes an action against the applicant may be commenced against the applicant by service of process on the Insurance Commissioner.
7. All legal entities applying for a life settlement broker license: Provide the name, address, phone and facsimile numbers, and e-mail address of a designated representative who is licensed pursuant to SLH 2012, Act 256. NOTE: The designated representative for a life settlement broker must hold a life settlement broker license.
8. All legal entities applying for a life settlement provider license: Provide the name, address, phone and facsimile numbers, and e-mail address of a designated representative. NOTE: The designated representative for a life settlement provider must hold a life settlement provider license.
9. All legal entities: Provide a Certificate of Good Standing from its jurisdiction's Secretary of State.

INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

Mail this application with applicable forms and documents to:

ATTN: Licensing Branch
Hawaii Insurance Division
335 Merchant Street – Room 213
Honolulu, Hawaii 96813

Important Note

This Applicant does not address the Hawaii securities laws and rules which may require you to obtain a license pursuant to Hawaii Revised Statutes Chapter 485A. You should contact the Department of Commerce and Consumer Affairs' Business Registration Division Securities Compliance Branch at 808-586-2722 or at seb@dcca.hawaii.gov if you have any questions regarding this issue.