



**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@state.tn.us](mailto:ce.agent.licensing@state.tn.us)

**LICENSING PROCEDURES  
FOR VIATICAL SETTLEMENT BROKERS AND PROVIDERS**

**Requirements for a Viatical Settlement Broker or Provider License**

- (1) Completed and signed Viatical Settlement Broker/Provider application
- (2) \$500.00 filing fee
- (3) Detailed plan of operation
- (4) Notarized biographical affidavits for officers, directors and key management professionals
- (5) Surety Bond or Errors and Omissions Policy in the amount of \$250,000
- (6) Nonresidents - provide certificate of good standing from home state licensing authority
- (7) Submit an Anti-Fraud Plan
- (8) Each Viatical Settlement Provider shall file with the Commissioner on or before March 1 of each year an annual statement.
- (9) Individual licensed as viatical settlement broker shall complete 15 hrs. continuing education biennially. Exemption: Viatical Settlement Broker with Life license.
- (10) Viatical Settlement Broker and Provider licenses expire annually from date of original license issuance
- (11) The filing of the Viatical Application and fee should be sent to TN Department Commerce and Insurance, Agent Licensing Section, 500 James Robertson Pkwy., Nashville, TN 37243-1134.

*Approval of Viatical Settlement Contracts and Disclosure Statements - A person shall not use a viatical settlement contract form or provide to a viator a disclosure statement form in this State unless first filed with and approved by the commissioner. Contract and Disclosure Filings should be submitted directly to Policy Analysis Section, Fourth Floor, Dept. of Commerce and Insurance, 500 James Robertson Parkway, Nashville, TN 37243-1130. Refer to T.C.A 56-50-101 - 56-50-117 for complete details.*

**Certification**

To request a certification letter, the following is required:

- (1) Full Name
- (2) License Number
- (3) \$7.00 Fee per Certification

**Fees**

- (1) Application Filing Fee - \$500.00
- (2) Annual Renewal Fee - \$500.00
- (3) Certification Fee - \$7.00

**Forms**

Forms may be found on our website: [www.tn.gov/commerce/insurance](http://www.tn.gov/commerce/insurance).

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



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## **Viatical Settlement Broker/Provider Application**

(Choose One)

Provider \_\_\_\_\_ Broker \_\_\_\_\_

### **Business Information**

Full Legal Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

P O Box Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bus. Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

FEIN#: \_\_\_\_\_

### **INFORMATION REQUIRED:**

- 1) A detailed plan of operation must be provided with this application. The Plan of Operation must include the following items:
  - a) Target markets and geographic locations.
  - b) Marketing and advertising strategies to attract potential owners/viators.
  - c) Representative training procedures.
  - d) Detail description of procedures used to keep owner/viator and insured information confidential.
- 2) Biographical affidavit for officers, directors and key management professionals. (Form attached)
- 3) If non-resident of Tennessee, provide a certificate of good standing from licensing authority in state of jurisdiction. If state of jurisdiction does not license life/viatical settlement providers or brokers, please provide such information.
- 4) Financial Responsibility – Surety Bond executed and issued by an insurer authorized to issue surety bonds in TN in the amount of \$250,000 or an Errors and Omissions insurance policy issued by an insurance company licensed to sell such insurance in TN in the amount of \$250,000.
- 5) Submit an Anti-Fraud Plan
- 6) Viatical Settlement contracts and disclosures must be filed and approved prior to use. Please refer to TN statute T.C.A 56-50-101 - 56-50-117 for complete details on conducting viatical settlements in TN.

**Please read carefully and answer the following:**

1. Has the entity or any owner, partner, officer or director of the entity, or member or manager of a limited liability company, ever been convicted of, or is the entity or any owner, partner, officer or director, member or manager currently charged with committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_\_ No \_\_\_\_

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license 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) a written statement explaining the circumstances of each incident.
- b) a certified copy of the charging document.
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license or registration? Yes \_\_\_\_ No \_\_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, a cease and desist order, a prohibition order, a compliance order, 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) a written statement explaining the circumstances of each incident.
- b) a certified copy of the charging document.
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the entity or any owner, partner, officer or director, or member or bankruptcy proceeding? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by an jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the entity or any owner, partner, officer or director a party to, or ever been found liable to any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_\_ No \_\_\_\_

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

- 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.

6. Has the entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_\_ No \_\_\_\_

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 the incident should not prevent you from receiving a license and,
- b) certified copies of all relevant documents.

7. Have you ever applied for or held a viatical settlement provider or broker license in Tennessee?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ License # \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_
  
8. Have you ever held a viatical settlement provider or broker license in any other state?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ License # \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_
  
9. Have you ever had a viatical settlement provider or broker license cancelled, refused, suspended or revoked?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_
  
10. Have you ever been the subject of any civil or administrative law proceeding in this or any other state?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_
  
11. 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: \_\_\_\_\_
  
12. 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: \_\_\_\_\_

**(If more space is required, please attach a separate sheet)**

**FEE:**

**A nonrefundable fee of \$500.00 must accompany this completed application for a Viatical Settlement Broker/Provider License.**

**CERTIFICATION:**

1. Applicant intends to conduct business with the general public and not principally with respect to controlled businesses in which any officer, director or key management professionals or their relatives share a controlling interest.
2. Applicant gives 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. Applicant is aware that submitting false information in connection with this application is grounds for denial of this application or revocation of any license issued to applicant and may subject applicant to other civil or criminal penalties.
4. Each licensed non-resident viatical settlement broker/provider 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 broker/provider. This appointment shall be irrevocable for as long as there can be any cause of action against the non-resident viatical settlement broker/provider arising out of life transactions for which a license is required.

\_\_\_\_\_  
**Signature of President**

\_\_\_\_\_  
**Date**

**INSTRUCTION – BIOGRAPHICAL DATA**

*This affidavit is to be submitted by each officer, director and key employee of the company. The affidavit shall be typewritten with original signature and properly notarized.*

**Company Name** \_\_\_\_\_  
*AFFIDAVIT CONCERNING EDUCATION, PRIOR OCCUPATION,  
BUSINESS EXPERIENCE AND SUPPLEMENTARY INFORMATION*

**State of** \_\_\_\_\_

**County of** \_\_\_\_\_

*The undersigned, being first duly sworn upon oath, deposes and says:*

**1. The affiant's full name is (initials not acceptable).**

\_\_\_\_\_

**2. The affiant's official title and principal duties with the Viatical Settlement Provider/  
Broker are or will be:** \_\_\_\_\_

\_\_\_\_\_

**3. The affiant's business address is:** \_\_\_\_\_

\_\_\_\_\_

**4. The affiant's residence address is:** \_\_\_\_\_

\_\_\_\_\_

**The affiant's telephone number is:** \_\_\_\_\_

**5. The affiant's date of birth is:** \_\_\_\_\_

**6. Was the affiant ever known by any other name(s) other than that shown above?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, state such other name(s), when used, reason for change, and date of  
adoption of present name:** \_\_\_\_\_

\_\_\_\_\_

7. **The nature and tenure of each occupation or employment of the affiant for the last ten (10) years prior to the date of this statement is as follows (present a continuous schedule, including time spent at each institution, and period of employment):**

Starting Date	Name & Address of Employer or School	Business Capacity or Title	Primary Duties	Ending Date	Reason for Leaving
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8. **The affiant's educational history is as follows (including all schools attended at the college or graduate level). In addition to this information, list if the affiant has attended lecture courses or undertaken additional educational activities. (List any additional educational data which is pertinent, indicate whether or not the studies were for credit, list dates and nature of the studies.)**

Name & Address Institution	Course	Attendance No. Years And Date	Degree Received	Dates of Degree
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9. **The affiant owns, beneficially or of records the following amount of shares of stock of the Viatical Settlement Provider/Viatical Settlement Broker and the consideration given for same.**

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10. **The affiant states that his capital investment in the Viatical Settlement Provider or Viatical Settlement Broker was not obtained from borrowed funds, except as follows:**\_\_\_\_\_

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11. **Have you ever been an officer, director, investment committee member, key employee or controlling stockholder of any Viatical Settlement Provider or Viatical Settlement Broker which, while you occupied any such position or capacity with respect to it, became insolvent or was placed to receivership, rehabilitation, liquidation or conservatorship?**

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12. Has the license to do business of Viatical Settlement Provider or Viatical Settlement Broker of which you were an officer, director or key management person ever been suspended or revoked while you occupied such position? \_\_\_\_\_ If yes, give details.

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13. Have you and/or any Viatical Settlement Provider or Viatical Settlement Broker with which you were previously associated been the subject of any criminal proceedings, investigations or orders?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details \_\_\_\_\_

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Further affiant saith not:

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Subscribed and sworn before me, a Notary Public,  
Within and for the above named State and County,  
By the above named affiant, personally known to me,  
This \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_.

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Notary Public

My Commission Expires: \_\_\_\_\_