

**LIFE SETTLEMENT PROVIDER
APPLICATION FOR CERTIFICATE OF AUTHORITY**

Applicant Name		Federal Employer Identification Number (FEIN)	
Alternative (Assumed) Name / DBA			
Home Office Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Toll-Free Phone	Main Phone	FAX Number	
Type of Entity (select only One)			
<input type="checkbox"/> Stock Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Describe) _____		
Date Incorporated / Formed	State Where Incorporated / Formed	Fiscal Year Ends on	
		<input type="checkbox"/> December 31	
		<input type="checkbox"/> Other (mm/dd) ____ / ____	

CONTACT PERSON

Name	E-mail Address		
Street Address	City	State	Zip Code
Toll-Free Phone	Main Phone	FAX Number	

Note: Within Arizona, a life settlement provider must only use life settlement contracts and disclosure statements that have been approved by the Department of Insurance and Financial Institutions Product Filing and Compliance Division. See the Department of Insurance and Financial Institutions "Life Settlements" web page (<https://insurance.az.gov/insurers/life-health-forms-rates-compliance/life-settlement-provider>) for details.

ATTESTATION AND CERTIFICATION

(Must be signed by an officer, director, member or partner of the applicant)

By signing this form, the signatory attests and certifies to all the following:

- All information contained in the application and any attachments, enclosures and supplements thereto, are true, complete and accurate, to the best of the signatory's knowledge and belief.
- The applicant, and each of the applicant's officers, directors, members, partners and designated employees who shall have authority to act under a resultant certificate of authority issued to the applicant understand they must comply with ARS §§ 20-3201 et seq. and other Arizona laws pertinent to acting as a life settlement provider including but not limited to the following provisions:
 - Privacy requirements set forth in ARS §§ 20-3205, 20-3211(H), 20-2101 et seq. and applicable federal laws;
 - Annual statement requirements set forth in ARS § 20-3210;
 - Requirements for viatical or life settlement contracts set forth in ARS § 44-1841 et seq. (esp. ARS § 44-1850);
 - Requirements to only use licensed life settlement brokers to perform life settlement broker activities. ARS § 20-3202(l).

Signature

Date

Printed Name

Title

Notice – ARS § 41-1030(H) requires most Arizona government agencies to prominently print the provisions of ARS § 41-1030(B), (E), (F), and (G) on all license applications.

The following is the language in ARS § 41-1030(B), (E), (F), and (G):

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

E. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

F. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.