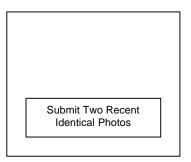
# SHORT FORM APPLICATION FOR WRITTEN CONSENT TO ENGAGE IN THE BUSINESS OF INSURANCE PURSUANT TO 18 U.S.C. § 1033 AND 1034



Notice to Applicant: 18 U.S.C. § 1033 prohibits certain activities by or affecting persons engaged, or proposing to become engaged, in the business of insurance:

- (e)(1)(A) Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than 5 years, or both.
  - (B) Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permits the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than 5 years, or both.
- (e)(2) A person described in paragraph (1)(A) may engage in the business of insurance or participate in such business if such person has the written consent of any regulatory official authorized to regulate the insurer, which consent specifically refers to this section.

This Application will be reviewed by the chief insurance regulatory official in this state to determine whether the Applicant should be given written consent to engage in the business of insurance or participate in the business pursuant to 18 U.S.C. § 1033(e)(2).

You must answer every question on the Application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the Application. Attach additional pages as needed. The Department of Insurance will not process incomplete Applications. Additional information may be requested.

## PLEASE TYPE

### **SECTION I - APPLICANT INFORMATION**

#### 1. Full Name of Applicant:

Last Name	First Name		Mi	ddle	
	er been known by or used another fy:			□ yes	🗆 no
Home Address:					
	Street Address	City	State		Zip
Mailing Addr	P.O. Box or Street Address	0:1	0141		
	P.U. Box or Street Address	City	State		Zip
Home Teleph Work Teleph	none Number: one Number:		-		
Social Secur Have you eve previous/oth	ity No er used or been issued another soo er social security number(s)	cial security	number?	_ If so, provide a	an explanation and
Place and Da	ate of Birth:				
	questions fully and completely. Fai process. You are not limited to the				
SECTION II	- CRIMINAL HISTORY				
any deso	any felony(s) for which you have negotiated plea agreements and pl cription of your acts involved in th rre of offense. Attach additional pa	eas of nolo le aforemer	contendre to an Infectioned matters. Inc	ormation or indi	ictment. Attach a full
2 Prov	vide details of the conviction for w	which you a	re seeking written (	consent and th	e final disposition of

2. Provide details of the conviction for which you are seeking written consent and the final disposition of these matter(s), including sentence; dates of incarceration; dates of probation/parole (if you are currently under probation/parole, include the name and phone number of person supervising your parole or probation; restitution paid; fines/costs ordered: fines/costs paid; and pardons granted. Include information as to whether or not your civil and political rights have been restored. Attach additional pages if needed.

## SECTION III - PRESENT/PROPOSED INSURANCE EMPLOYMENT

- 1. Please specify the name and address of your current or proposed employer to which the requested exemption will apply.
- 2. Please describe in detail the office, position, and title. to which the requested exemption will apply and a complete description of the activities, duties and responsibilities. Please attach or describe any proposed or current written or oral agreements, contracts, or understandings with any entity engaged in the business of insurance as defined by 18 U.S.C. § 1033. (If consent is given, it will be applicable to the activities described herein.) Please include your date of employment or proposed date of employment.

### **SECTION IV - ATTACHMENTS**

Attach the following documents to this Application for written consent. Applications without attachments, or applications with incomplete attachments, will be returned to the applicant.

- 1. Certified copy of the applicant s criminal history.
- 2. Certified copy of the indictment, criminal complaint, or docket sheet or other initiating documents for the charge(s) which is the subject of this Application.
- 3. A certified copy of the order of judgment and sentence of the court for the conviction that is the subject of this Application, including certification of completion and performance of all conditions imposed by the court.
- 4. An affidavit from the individual that seeks to employ you stating in detail the duties and responsibilities that you are performing or are to perform for them and for which you seek written consent and that it is that individual s opinion that the performance of these responsibilities does not constitute a threat to the public.

may conduct an independent investigation to confirm the information in this Application and I expressly consent and authorize any person, business or agency to release any information the Insurance Department may request as part of the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records.

	Signature of Applicant	Date
STATE OF ) ) COUNTY OF )		
Subscribed, sworn to, and acknowled	to be his/her free act	
and deed this day of	, 20	

Notary Public, State at Large

**My Commission Expires**