

ALASKA DIVISION OF INSURANCE
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
PO BOX 110805, JUNEAU, AK 99811-0805
(907) 465-2515
Email: insurancelicensing@alaska.gov

**APPLICATION FOR A PERSON SEEKING
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 Division of Insurance will not make a determination on an incomplete Application. Applications without attachments, or incomplete Applications, will be returned to the Applicant. The division may require additional information.

Application fees are NONREFUNDABLE (3 AAC 31.010).

IN ADDITION TO THE REQUIREMENTS SET FORTH IN THE INSURANCE CODE, THE ISSUANCE OF THE REQUESTED LICENSE IS SUBJECT TO THE REQUIREMENTS OF AS 25.27.244 AND AS 14.43.148.

IF YOU WISH TO WITHDRAW YOUR APPLICATION AT ANY TIME DURING THE APPLICATION PROCESS, PLEASE CONTACT THIS DIVISION.

FORM FILING REQUIREMENTS

RESIDENT

- Application Form 08-1033
- Application Fee of \$300 plus the Fingerprint Card Evaluation Fee of \$48.25
- One Fingerprint Card
- Examination Results (valid one year from administration date)

If you are applying for a resident license within 90 days of cancellation of your license in your prior home state, testing is waived.

STATE OF ALASKA
 DEPARTMENT OF COMMERCE, COMMUNITY,
 AND ECONOMIC DEVELOPMENT
 DIVISION OF INSURANCE
 333 WILLOUGHBY AVENUE, 9TH FLOOR
 P.O. BOX 110805, JUNEAU, ALASKA 99811-0805
 (907) 465-2515
 FAX NUMBER: (907) 465-2816
 Website: <http://www.commerce.state.ak.us/insurance>

Division use only
Batch # _____ \$ _____

**APPLICATION FOR WRITTEN CONSENT
 UNDER 18 U.S.C. § 1033 AND § 1034**

Check appropriate box for license required:

- resident license
- nonresident license
 - identify home state: _____
 - identify home state license #: _____

SECTION I — APPLICANT INFORMATION

(Answer all questions fully and completely. Failure to answer the questions fully will result in delays in the review process.)

1. Social Security Number	2. If assigned National Producer Number (NPN)	3. If applicable, NASD Individual Central Registration Depository (CRD) Number	4. Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Last Name JR./SR. etc.	6. First Name	7. Middle Name	8. Date of Birth month _____ day _____ year _____
9. Residence/Home Address (Physical Street)	10. P.O. Box	11. City	12. State
13. Zip Code	14. Foreign Country		
15. Home Phone Number	16. Gender (circle one) Male Female	17. Are you a Citizen of the United States (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)	
18. Business Entity Name			
19. Business Address (Physical Street)	20. P.O. Box	21. City	22. State
23. Zip Code	24. Foreign Country		
25. Business Phone Number	26. Business Fax Number	27. Business E-mail Address	28. Business Website Address
29. Applicant's Mailing Address	30. P.O. Box	31. City	32. State
33. Zip Code	34. Foreign Country		
35. a) List any assumed, fictitious, alias, maiden, or trade names under which you have used in the past to do business, are currently doing business or intend to do business. _____			
b) List any trade names under which you are currently doing business or intend to do business. _____			
36. Do you now hold, or have you ever held, any other professional licenses, certifications, or designations? <input type="checkbox"/> YES <input type="checkbox"/> No If YES, please list and, for each, indicate any administrative action taken, including fines, restrictions, denial, suspension, or revocation. _____ _____ _____ _____			

SECTION II — EMPLOYMENT HISTORY

Account for all time for the past five years. Give all employment experience starting with your current employer working back five full years. Include full and part-time work, self-employment, military service, unemployment and full-time education, accounting for the full five years time **without gaps**. Attach a separate piece of paper, if necessary.

	From		To		Position Held
	Month	Year	Month	Year	
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

SECTION III — CRIMINAL HISTORY

1. List any **felony(ies)** for which you ever have been arrested, charged, indicted, or convicted. Include details of any negotiated plea agreements and pleas of nolo contendere to an information or an indictment. Attach a full description of your acts involved in the aforementioned matters. Include dates of charge, location, and nature of offense. Attach additional pages if needed.

2. Provide details of any felony conviction 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 IV — PRESENT/PROPOSED INSURANCE EMPLOYMENT

1. Please identify the name and Federal Employer Identification Number (FEIN) of the employer(s) you represent to which the requested exemption will apply.

Name	FEIN	AK License No.	Phone No.
Name	FEIN	AK License No.	Phone No.

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 only to the activities described herein.) Please include your date of employment or proposed date of employment.

3. Please identify the name and address of each insurer you represent as an agent, or in any manner work for, concerning the business of insurance to which the requested exemption will apply. A description of the nature, duties and activities of the office, position, occupation, trade or profession, for which the issuance of written consent is sought. Attach any written agreements or contracts to be entered into with the insurer or its agent or any other person authorized to act on behalf of the insurer.

			From		To	
			Month	Year	Month	Year
Name						
City	State	Foreign Country				
Name						
City	State	Foreign Country				
Name						
City	State	Foreign Country				
Name						
City	State	Foreign Country				

SECTION V — TYPE OF LICENSE REQUESTED

Check the license type(s) and line(s) of authority for which you are applying. Check the last column if you have been previously licensed in Alaska:

License Class: P – Producer S – Surplus Lines Broker I – Independent Adjuster
 VB – Viatical Settlement Broker VR – Viatical Settlement Representative VP – Viatical Settlement Provider

License Type: I – Individual IF – Individual in a Firm CI – Compliance Officer

Lines of Authority: A – All Lines (L, H, P, C) L – Life H – Health V – Variable Life and Variable Annuity*
 *NASD Individual Central Registration Depository (CRD) Number Required
 CRD # _____

P – Property C – Casualty PL – Personal Lines S – Surety

Limited Lines: TR – Travel B – Bail Bond M – Motor Vehicle Rental O – Other: Specify type
 T – Title CR – Credit CROP – Crop

License Type			License Class							Lines of Authority								Limited Lines						
I	IF	CI	P	S	I	VB	VR	VP	A	L	H	V	P	C	PL	S	TR	B	M	T	CR	CROP	O	

SECTION VI — FINANCIAL

1. List every entity (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which you hold directly or beneficially (or hold in joint tenancy, or in the name of others for you) a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest.

2. List every entity (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which your relatives, by blood or marriage, hold directly or beneficially (or hold in joint tenancy, or in the name of others for you) a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest.

3. Have you, or any business entity in which you served as an officer, director, trustee, investment committee member, key employee, stockholder or owner, become insolvent, placed in bankruptcy, receivership, rehabilitation or liquidation? YES NO

If yes, provide details.

SECTION VII — 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 indicating whether the applicant has made full payment of outstanding court costs, supervision, fees, fines and restitution.
5. An affidavit from either: 1) the individual who seeks to employ you, or 2) the president or other designated officer or director of the insurer that you represent as its agent stating in detail the duties and responsibilities that you are performing or are to perform for them, who will supervise and be responsible for your actions, and for which you seek written consent and that it is that individual's opinion that the performance of these responsibilities do not constitute a threat to the public.
6. Three letters of recommendation, addressed to the director, attesting to your character and reputation. The letters should include the length of time the writer has known you, whether the writer's relationship with you is of a business or social nature, a description of your character traits and reputation in the community, and confirmation that the writer knows of your criminal history.
7. Evidence documenting your rehabilitation (such as post-conviction community service, post-conviction charitable activity), and any other information you believe will assist the director in determining whether to grant consent.
8. Attestation from the president, or other authorized officer or director of the insurer, or principal/manager and compliance officer of the firm that states: "The Applicant is restricted to performing only those insurance activities as fully described in the Application. To the best of my knowledge and belief, the controls that the company will incorporate ensure that there is no harm or risk to the insurance consumers, the insurer or firm from the applicant's activities."
9. A full explanation of the reasons or grounds relied upon to establish that your activities for which consent is sought would not pose a risk or threat to insurance consumers or insurers.
10. An affidavit on whether there exists any evidence of mitigation or extenuating circumstances surrounding your commission of the offense or offenses.

SECTION VIII — BACKGROUND INFORMATION

The applicant must read the following very carefully and answer every question. All statements submitted by the Applicant must include an original signature.

1. In addition to the felony(ies) convictions you have disclosed, have you ever been convicted of, or are you currently charged with committing a crime, had a judgment withheld or deferred or are you currently charged with committing a crime? Yes No
2. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes No

Note: **“Crime”** includes a **misdemeanor, a felony or a military offense.**

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges 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 no contest, or having been given probation, a suspended sentence or a fine.

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

- a written statement explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration 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, sanctioned 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 or registration. “Involved” also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE Any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company

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 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.

4. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

5. Have you been notified by any 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): _____

6. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation 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 written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

7. Have you or any business in which you are or were an owner, partner, officer, 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

SECTION VIII — BACKGROUND INFORMATION (continued)

8. Do you have a child support obligation in arrearage?

Yes No

If you answer yes,

- a) by how many months are you in arrearage? _____
- b) are you currently subject and in compliance with any repayment agreement?
- c) are you the subject of a child support related subpoena/warrant?

Yes No
Yes No

(If you answered yes, provide documentation showing proof of current payments or an approved plan from the appropriate state child support agency.)

SECTION IX — CERTIFICATION

I, _____ (name of applicant), having filed this Application with the Alaska Division of Insurance, swear under penalty of perjury that my statements in the attached application, and the documents appended thereto, are true and correct and complete. I understand that my statements in the application and the attachments to my application will be relied upon by the Alaska Director of Insurance in the execution of the director's duties under the Insurance Code, and 18 U.S.C. § 1033, in making a decision on this application. I understand that if I have made any false statement in this application, or if there are any false statements included in the attachments to this application, I may be prosecuted under state criminal law or administrative authority and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false statement(s) would also constitute a violation of 18 U.S.C. § 1033. For purposes of this application, I do not contest the validity of any felony conviction upon which this request would be granted and I acknowledge that the Alaska Division of Insurance is acting consistent with its authority under AS 21.27.040. By signing this application, I acknowledge that the Alaska Division of Insurance may conduct an independent investigation to confirm the information in this application and I expressly consent and authorize any person, business, insurance company or agency to release any information that the Insurance Division 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.

I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, nature by reason of furnishing such information.

In accordance with AS 21.06.165, I hold harmless persons furnishing information pursuant to this release.

I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.

Where required by law, I hereby designate the Director of Insurance, to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Director of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.

For Non-Resident License Application, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Signature of Applicant

Date

STATE OF _____)

_____) ss.

_____)

Subscribed, sworn to, and acknowledged before me by this _____ day of _____, _____.

Notary Public for the State of _____

My Commission Expires _____

(NOTARY SEAL)