



Department of Consumer and Business Services

**Insurance Division – 3**

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[insurance.oregon.gov](http://insurance.oregon.gov)

**Remit with payment to:**

Fiscal Services Section

Oregon Department of Consumer  
and Business Services

P.O. Box 14610

Salem, OR 97309-0445

**Life Settlement Broker  
Individual Application**

Resident  Nonresident Fee: \$45

Name of applicant: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Residence phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

1. Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. List all aliases you have used: \_\_\_\_\_

3. Employment history, past five years. (Entire five years must be accounted for.)

| Employer | Address | Dates | Occupation |
|----------|---------|-------|------------|
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**Important notice about your license.**

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**FISCAL USE ONLY: 44410/1575**  
**Fee: \$45.00**

4. Have you ever been discharged from employment for failing to account, embezzlement, or other irregularities in money transactions?  Yes  No
5. Have you been convicted of any felony, forfeited bond for, or been convicted of any misdemeanor involving theft, fraud, embezzlement, or mishandling of funds?  Yes  No
6. Have you ever had a license, agency permit, certificate, approval, registration, or similar form of permission required by law to pursue any commercial activity, trade, occupation, or profession suspended, revoked, refused, or otherwise withheld?  Yes  No
7. Attach a written explanation of yes answers to questions 4, 5, or 6.
8. Submit an anti-fraud plan as required by OAR 836-014-0320.
9. Fingerprints are required on FBI Form 258. \$47.25 background check fee applies. Resident applicants only\*.
10. Submit DCBS Criminal Records Request Form 440-4862 — resident applicants only.

\* Not required for currently licensed producers.

### Certification

I, \_\_\_\_\_, swear that I am the person named in and who signed the foregoing application, that I know that contents thereof, and that each of the statements and answers made is true and complete to the best of my knowledge and belief.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent to obtain criminal offender information

I hereby consent that the Insurance Division may request the Oregon State Police to provide any criminal offender information about me and may use any such information only for the purpose of determining whether to issue the license for which I have made application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Appointment of insurance commissioner for legal service by individual application

*Form to be completed by nonresident applicants only*

I, \_\_\_\_\_, being of full age, residing in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, do hereby designate and appoint the insurance commissioner for the State of Oregon as my lawful attorney in fact, upon whom all legal process and summons against me may be served in any action, suit, or proceeding in any of the courts of justice of the State of Oregon or the United States necessary to give said courts complete jurisdiction of me. I further stipulate and agree that any legal process or summons against me that is served upon the insurance commissioner for the State of Oregon shall be taken and held in said courts to be valid and binding upon me and that this appointment shall continue in force so long as any liability of the individual remains outstanding in Oregon.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

