

**APPLICATION TO UTAH INSURANCE COMMISSIONER
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 five (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 five (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 Utah Insurance Commissioner 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 Utah Insurance Department will not process incomplete Applications. Additional information may be requested.

SECTION I – APPLICANT INFORMATION

Full Name of Applicant:

Last	First	Middle	Social Security Number		
Home Address	City	County	State	Zip	Home Phone
Business Address	City	County	State	Zip	Business Phone

Email Address

1. If you were born in the United States, provide the following:

Place of Birth	City	County	State	Zip	Date of Birth
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2. If you were not born in the United States, provide the time of first entry and port of entry:

3. Are you a U.S. Citizen?
YES _____ **NO** _____
If no, provide the following:

Citizenship Country	State/Province	Basis of U.S. Residence	Alien Registration Number
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4. If you are a naturalized citizen of the United States, indicate where and how you became naturalized. The number of the Certificate of Naturalization must be provided, if applicable.

Where	How	Certificate of Naturalization Number
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5. Have you ever used of been known by another name (including maiden name) or used or been issued another social security number?
YES _____ **NO** _____
If yes, provide the following attach additional pages as needed):

Name	Social Security Number	Date of Use
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6. Do any of your relatives, by blood or marriage (either current or prior), serve in any capacity with any entity engaged in the business of insurance?

YES _____ **NO** _____

If yes, provide the following (attach additional pages as needed):

Name of Relative

Address

Relationship to Applicant

Insurer/Employer

7. Have you ever been a party, in any capacity, in a civil action, lawsuit, bankruptcy or other proceeding?

YES _____ **NO** _____

If yes, provide details of all civil actions (attach additional pages as needed):

Title of Case

Federal/State

Case Number

Identification of Court

City/State

Date of Action

Description of case and your involvement, including outcome:

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8. Have you ever applied for written consent from an insurance regulatory authority?

YES _____ **NO** _____

If yes, provide details below:

State(s)
GRANTED _____ **DENIED** _____ **OTHER** _____ **DATE** _____

Please provide details of outcome of prior or pending applications for written consent:

SECTION II – EDUCATION

1. Provide complete details about your education and training, including identification of all schools that you have attended. Attach additional pages as needed.

Name of High School(s) **Address**

Major **Dates Attended** **Highest Level Attained**

Name of College(s) **Address**

Major **Dates Attended** **Highest Level Attained**

Name of Tech School(s) **Address**

Major **Dates Attended** **Highest Level Attained**

Post Graduate School(s) **Address**

Major **Dates Attended** **Highest Level Attained**

SECTION III – CHRONOLOGICAL EMPLOYMENT HISTORY AND PROFESSIONAL LICENSES – CERTIFICATIONS – DESIGNATIONS

1. List in chronological order each and every place where you have been employed, including any military service (attach additional pages as needed). Include all instances where you have served as a paid or non-paid officer or director.

Name of Employer

Address

Title/Job **Employment Dates**

Reason for Leaving

Name of Employer

Address

Title/Job

Employment Dates

Reason for Leaving

Name of Employer

Address

Title/Job

Employment Dates

Reason for Leaving

Name of Employer

Address

Title/Job

Employment Dates

Reason for Leaving

Name of Employer

Address

Title/Job

Employment Dates

Reason for Leaving

2. Do you now hold, or have you ever held, a professional license relating to the business of insurance, including but not limited to, being a producer, agent, broker, solicitor, adjuster, or third-party administrator?

YES _____ **NO** _____

If yes, provide the following information about your active or prior insurance professional license(s) (attach additional pages as needed):

Type of License

Date of Issue

State

Status of License

3. Have you ever had a consumer complaint, administrative, civil, or other legal proceeding

(include pending actions) filed against you regarding your insurance activities?

YES _____ NO _____

If yes, provide the following (attach additional pages as needed):

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome
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4. If your insurance-related license has ever been suspended, revoked, or administratively sanctioned (include pending actions) as a result of the legal or administrative action described in this section, provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/Revocation	Type of License	Fines Paid
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Status of Proceeding

5. Do you now hold, or have you ever held, any other professional licenses, certifications, or designations not issued by a Department of Insurance?

YES _____ NO _____

If yes, provide the following information about your active or prior professional licenses, certifications or designations (attach additional pages as needed):

Issued by	Address	City/State
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Type of license, certification or designation	Date of Issue	Status of license, certification or designation
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6. Have you ever had a customer, client or consumer complaint, administrative or other legal proceeding (include pending actions) filed against you regarding your other professional activities?

YES _____ NO _____

If yes, provide the following (attach additional pages as needed):

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome
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7. If any other professional licenses, certifications, or designations have ever been suspended, revoked, or administratively sanctioned as a result of the legal or administrative action described in this section (include pending actions), provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/ Revocation	Type of License	Fines Paid	Status of Proceeding
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SECTION IV – CRIMINAL HISTORY

1. Provide a narrative statement describing the circumstances leading to all criminal charge(s) filed against you; the date of charge(s); place of charge(s); trial court(s); date of disposition; convicted charge(s); your age at the time of conviction; your sentence(s); date(s) of incarceration; date(s) of probation/parole; date(s) of release from probation/parole; restitution ordered; restitution paid; fines/costs ordered; fines/costs paid. Include details of negotiated plea agreements and pleas of *nolo contendere* to an Information or indictment. Describe in detail the criminal conviction or convictions, which are the subject of this Application. (attach additional pages as needed):

2. Other than described in Section IV, No. 1, during your lifetime have you ever been charged, arrested, indicted, entered into a negotiated plea agreement, entered a plea of guilty or *nolo contendere* to an Information or indictment, had a sentence suspended or had pronouncement of a sentence suspended, in connection with any other felony or misdemeanor criminal activities?

YES _____ **NO** _____

If yes, provide a narrative statement describing the circumstances of every instance (attach additional pages as needed):

3. Have you received any type of pardon to the offense or offenses that are the subject of this Application, or any other offense listed in this Application?

YES _____ **NO** _____

If yes, provide the following (attach additional pages as needed):

Pardoning Authority	County	State	Convicted Offense
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Date of Pardon	Terms of Pardon
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4. Have your civil rights been revoked?

YES _____ **NO** _____

If yes, provide the following (attach additional pages as needed):

Court of Judgment	Date of Revocation of Civil Rights	Date of Restoration of Civil Rights
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5. Have you made full payment of any and all outstanding court costs, supervision fees, fines and ordered restitution concerning any and all offenses?

YES _____ **NO** _____

If no, provide explanation (attach additional pages as needed):

6. Are there mitigating or extenuating circumstances surrounding your commission of the offenses listed in Section IV? If yes, explain (attach additional pages as needed):

7. List all evidence that exists regarding your rehabilitation (attach additional pages as needed):

SECTION V – PRESENT/PROPOSED INSURANCE EMPLOYMENT

1. Provide complete details about your present employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

Name of Employer	Address	City	State	Zip	Telephone
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Name of Insurance Entity	Address	City	State	Zip	Telephone
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Applicant’s Direct Supervisor	Address	City	State	Zip	Telephone
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Business Location of Applicant’s Employment/Insurance Related Activity

Offices Held or Job Title

2. Describe in detail the nature, duties, and activities of your present employment or business association/relationship with an entity engaged in the business of insurance, including office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

3. Provide complete details about your proposed employment or business association/relationship with an entity engaged in the business or insurance (attach additional pages as needed):

Name of Employer	Address	City	State	Zip	Telephone
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Name of Insurance Entity	Address	City	State	Zip	Telephone
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Applicant's Direct Supervisor	Address	City	State	Zip	Telephone
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Business Location of Applicant's Employment/Insurance Related Activity

Offices Held or Job Title

4. Describe in detail the nature, duties and activities of your proposed office, position, occupation, trade, vocation, or profession in the insurance business, including who will be supervising you, and the nature, extent and duration of the supervision (attach additional pages as needed):

5. Explain why your conviction(s) will not affect your fitness or ability to perform any of the above duties or activities (attach additional pages as needed):

6. List the names and locations of all insurers and entities providing services to insurers for which you have advised, represented, or in any manner worked for or provided services to, together with a description of the activities performed for each such entity (attach additional pages as needed):

7. Provide details of any proposed or current written or oral agreements, contracts, or understandings between yourself and any entities engaged in the business of insurance (attach additional pages as needed):

SECTION VI – FINANCIAL INFORMATION

1. Do you have any outstanding judicial or administrative penalties or fines (include pending actions)?

YES _____ **NO** _____

If yes, describe in detail (attach additional pages as needed):

2. Do you have any civil judgments, outstanding child support orders, tax or other liens or penalties outstanding (include pending actions)?

YES _____ **NO** _____

If yes, describe in detail (attach additional pages as needed):

3. Have you ever been in a position which required a fidelity bond?

YES _____ **NO** _____

If yes, and any claims were made on the bond, provide details (attach additional pages as needed):

4. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked?

YES _____ **NO** _____

If yes, provide details (attach additional pages as needed):

5. 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 (attach additional pages as needed):

6. List any and all entities (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 or others for you) a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

7. List any and all entities (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 a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

SECTION VII – GROUNDS RELIED UPON FOR APPLICATION FOR WRITTEN CONSENT

1. Provide a complete explanation of the reasons or grounds the Applicant relies upon to establish that the Applicant’s insurance activities for which written consent is sought will not be contrary to the intent and purpose of 18 U.S.C § 1033, and will not pose a risk to the insurance consumers or the insurance companies (attach additional pages if needed):

2. You may enclose letters of recommendation addressed to the Utah Insurance Commissioner, attesting to your character and reputation. These letters should indicate the length of time that the writer has known you and should describe your character traits as they relate to the employment, position, or activities for which written consent is sought. Each letter should indicate that it is being submitted in compliance with these procedures and that you have informed the writer of the factual basis of the Application being filed with the regulatory official and the purpose thereof.

3. Have you ever applied for written consent with any other Commissioner or equivalent?
YES _____ **NO** _____
If yes, provide the following information, together with a copy of the Application filed in other state(s):

Name of Commissioner	State	Date of Application	Outcome of Request
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SECTION VIII – 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. A copy of the Applicant’s criminal history. (A criminal history report of Utah convictions may be obtained from the Bureau of Criminal Investigations at bci.utah.gov. A report of convictions outside of Utah may be obtained from the FBI at fbi.gov.)
2. A copy of the indictment, criminal complaint, or other initiating document for the charge(s) which is (are) the subject of this Application.
3. A copy of the order of judgment and sentence of the Court for the conviction which is the subject of this Application, including certification of performance of all conditions imposed by the Court and/or a copy of the Court docket.
4. Copies of any and all current or proposed agreements between you and any entity engaged in the business of insurance.
5. A statement from the Applicant’s proposed employer that states: the Applicant will in fact perform only those insurance activities as fully described in the Application; the Application is to the best of his/her knowledge and belief, true and correct; the Applicant will not be placed in a position in which his/her activities will constitute a risk or threat to insurance consumers or the insurer.
6. A copy of any pardon.

The Applicant may include the following evidence of rehabilitation for the Commissioner's consideration:

1. Post-conviction community service.
2. Post-conviction charitable activity.
3. Any other information the Applicant believes will assist the Commissioner in determining whether to grant written consent.
4. Letters of recommendation, addressed to the Utah Insurance Commissioner, attesting to the character and reputation of the Applicant. The statement shall indicate the length of time the writer has known the Applicant, their business or social relationship, and should include a description of the Applicant's character traits and reputation in the community. The recommendation shall also verify that the writer knows of the Applicant's criminal history.

SECTION IX – APPLICANT’S SWORN STATEMENT VERIFYING TRUTH OF INFORMATION IN APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, (name of Applicant), swear under penalty of law 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 Insurance Commissioner of the State of Utah in the execution of his or her 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 criminally prosecuted under any state criminal or administrative remedies available 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 statements 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. *By signing this Application, I acknowledge that the Insurance Department of the State of Utah 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

SECTION X - SUPERVISOR'S ACKNOWLEDGMENT

I, _____, Applicant's Supervisor, acknowledge that I understand the nature and extent to which I will be supervising Applicant for purpose of this Application.

Signature of Supervisor

Date