

APPLICATION TO THE MISSOURI DEPARTMENT OF INSURANCE
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
FOR WRITTEN CONSENT
TO ENGAGE IN THE BUSINESS OF INSURANCE
PURSUANT TO 18 U.S.C. § 1033.

Notice to Applicant: The Violent Crime Control and Law Enforcement Act of 1994, enacted at 18 United States Code Section 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 Director of the Missouri Department of Insurance, Financial Institutions, and Professional Registration to determine whether the applicant may be granted written consent to engage in the business of insurance pursuant to 18 U.S.C. § 1033(e)(2).

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.

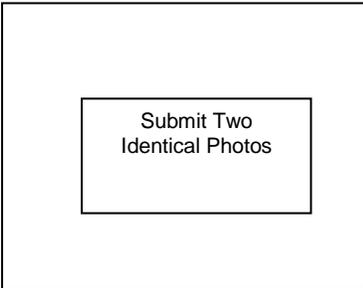
Additional information may be requested.

Attach additional pages as needed.

The Department will not process incomplete applications.

SECTION I: APPLICANT INFORMATION

Attach additional pages as needed.



Full Name of Applicant:

Last Name First Middle SS#

Home Address City County State Zip Home Phone

Business Address City County State Zip Business Phone

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

Place of Birth City County State Zip Date of Birth

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

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.

5. Have you ever used or been known by another name (including maiden name) or used or been issued another social security number? [] yes [] no If yes, provide the following:

Name Social Security Number Date of Use

6. Provide identification of your current, and all former, spouses:

Spouse's Maiden Name First Name Middle Social Security Number Marital Status

7. Do any relatives, by blood or marriage, current or prior, serve in any capacity with any entity engaged in the insurance business? [] yes [] no If so, provide the following:

Name of Relative Address Relationship to Applicant Insurer/Employer

8. 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.

Title of Case	Case Number	
Identification of Court <input type="checkbox"/> Federal or <input type="checkbox"/> State	City/State	Date of Action
Description of case and your involvement, including outcome: _____		

SECTION II: EDUCATION

Attach additional pages as needed.

- Provide complete details about your education and training, including identification of all schools that you have attended.

Name of High School(s)	Address	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	Designation
Post Graduate Schools or Programs	Address	Dates Attended	Designation	

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

Attach additional pages as needed.

- List every place where you have been employed, including military service. Include all instances where you have served as a paid or non-paid officer or director. List most recent first.

Name of Employer	Address	Title/Job	Employment Dates		Reasons for Leaving
			From	To	

- Do you now hold or have you ever held, a professional license relating to the business of insurance, including, 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) :

Type of License	Date of Issue	State	Status of License
-----------------	---------------	-------	-------------------

Type of License	Date of Issue	State	Status of License
Type of License	Date of Issue	State	Status of License

3. Have you ever had a consumer complaint, administrative, civil or other legal proceeding filed against you regarding your insurance activities? yes no If yes, provide the following:

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome
----------------	-----------------------------	-------	----------------	---------

4. If your insurance-related license has ever been suspended, revoked, or administratively sanctioned (include pending actions, fines, penalties and warnings) as a result of the legal or administrative action described in this section, provide the following information:

Date of Sanction/Suspension/Revocation	Type of License	Fines Paid	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:

Issued by	Address	City/State
-----------	---------	------------

Type of License, certification or designation	Date of Issue	Status of license, certification or designation
---	---------------	---

6. Have you ever had a customer, client, or consumer complaint, administrative or other legal proceeding (include pending actions) filed against you regarding your non-insurance activities? yes no If yes, provide the following:

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome
----------------	-----------------------------	-------	----------------	---------

7. If any other license, certification or designation has ever been suspended, revoked, or administratively sanctioned (include pending actions, fines, penalties and warnings), provide the following information:

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

SECTION IV: CRIMINAL HISTORY

Attach additional pages as needed.

Using the outline below, provide detailed information describing the circumstances surrounding every criminal charge filed against you. Include details of plea agreements, pleas of *nolo contendere*, or no contest.

Charge(s) _____

Date of charge(s) _____

Place of charge(s) _____ Title of trial court _____

Date of disposition _____

Convicted of charge(s); _____

Sentence(s); _____

Date(s) of incarceration; _____

Date(s) of probation/parole; _____ Date(s) of release from probation/parole;

Amount of restitution ordered; _____ Date restitution paid;

Fines/costs ordered; _____ Date fines/costs
paid _____

2. Other than described in the previous question, have you *ever* been charged, arrested or indicted, or have you ever entered into a negotiated plea agreement, entered a plea of guilty, no contest or *nolo contendere* to an Information or indictment, or have you ever had a sentence suspended or had pronouncement of a sentence suspended, in connection with any other criminal activities, whether felony or misdemeanor?
 yes no If yes, provide a narrative statement describing the circumstances of every instance. Please follow the same format and provide the same information as set out in question #1, above.

Charge(s) _____

Date of charge(s) _____

Place of charge(s) _____ Title of trial court _____

Date of disposition _____

Convicted of charge(s); _____

Sentence(s); _____

Date(s) of incarceration; _____

Date(s) of probation/parole; _____ Date(s) of release from probation/parole;

Amount of restitution ordered; _____ Date restitution paid;

Fines/costs ordered; _____ Date fines/costs
paid _____

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 information.

Pardoning Authority	County	State	Convicted Offense	Date of Pardon	Terms of Pardon
---------------------	--------	-------	-------------------	----------------	-----------------

4. Have your civil rights been revoked? yes no If yes, provide the following information:

Court of Judgment	Date of Revocation of Civil Rights	Date of Restoration of Civil Rights
-------------------	------------------------------------	-------------------------------------

5. Have you made full payment of all outstanding court costs, supervision fees, fines and ordered restitution concerning any and all offenses? yes no If no, provide explanation :

6. Are there mitigating or extenuating circumstances surrounding your commission of the offenses listed herein? If yes, explain.

7. List all evidence that exists regarding your rehabilitation.

SECTION V: PRESENT/PROPOSED INSURANCE EMPLOYMENT

Attach additional pages as needed.

1. Provide complete details about your present or proposed employment or business relationship with an entity engaged in the business of insurance:

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

2. Please provide a job description and describe the nature, duties and activities of your present or proposed employment or business association/relationship with an entity engaged in the business of insurance, including office, position, occupation, trade, vocation, or profession:

3. Provide complete details about your proposed employment or business association/relationship with an entity engaged in the business of insurance:

Name of Employer	Address	City	State	Zip	Telephone
Name of Insurance Entity	Address	City	State	Zip	Telephone
Applicant's Direct Supervisor	Address	City	State	Zip	Telephone
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 current or proposed office, position, occupation, trade, vocation, or profession:

5. Explain why your conviction(s) do not compromise your fitness or ability to perform each of the above duties or activities:

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:

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:

SECTION VI: FINANCIAL INFORMATION

Attach additional pages as needed.

1. Attach financial statement(s) indicating your net worth, include and list all assets held by you, or held in the names of others for you, the amount of each secured and unsecured liability owed by you, or by you together with any other person. (In the alternative, attach your federal tax returns for the last five years.)

2. Do you have any judicial or administrative penalties, fines or outstanding (include pending actions)?
 yes no If yes, describe in detail:

3. Do you have any pending or final judgments, tax or other liens or penalties outstanding? (This includes administrative fines, child support and delinquent loans) yes no If yes, describe in detail:

4. Attach a list indicating the amount and source of all income for five years prior to the application through the date of the application. (In the alternative, please attach your federal tax returns for the last five years.)

5. 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:

6. 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:

7. 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:

8. 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 of others for you) a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest:

9. 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:

SECTION VII: GROUNDS RELIED UPON FOR APPLICATION FOR WRITTEN CONSENT

Attach additional pages as needed.

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:

2. You may enclose letters of recommendation 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 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 Insurance regulatory body? yes no
If yes, provide the following information, together with a copy of the application filed in other state(s):

Name of Agency	State	Date of Application	Outcome of Request
----------------	-------	---------------------	--------------------

SECTION VIII – ATTACHMENTS

Attach the following documents to this application. Applications without attachments, or applications with incomplete attachments, will be returned to the applicant.

1. A certified copy of the applicant's criminal history.
2. A certified copy of the indictment, criminal complaint or other initiating document for the charge(s) which is(are) the subject of this application.
3. A certified 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 certified copy of the Court docket.
4. A current financial statement and list of sources of income (as described in Section VI).
5. A current certified copy of applicant's credit report.
6. Copies of any and all current or proposed agreements between you and any entity engaged in the business of insurance.
7. A sworn affidavit from the president, or other designated officer or director of the insurer, that states: the basis under which the Affiant is authorized to execute and attest to the statements made in the affidavit; 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.
8. A copy of any pardon.

The applicant may include the following evidence of rehabilitation for the Director's consideration:

1. Post-conviction community service.
2. Post-conviction charitable activity.
3. Any other information the applicant believes will assist the Director in determining whether to grant written consent.
4. Letters of recommendation, addressed to the insurance regulatory official in the state where the application is being submitted, 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 VERIFICATION 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. _____ (initial). I understand the statements in my application, and the attachments to my application, will be relied upon by the Director in making a decision on this application. _____ (initial). I understand that if I have made any false statement in this application, or in the attachments to this application, I may be prosecuted for that criminal offense. _____ (initial), and that I may also be penalized through administrative remedies which may mean that any license(s) I hold, or for which I have applied, will be subject to denial, suspension or revocation. _____ (initial). I understand that any false statements herein constitute a violation of 18 U.S.C. § 1033. _____ (initial). For purposes of this application, I do not contest the validity of any felony conviction upon which this request would be granted. _____ (initial)

AUTHORIZATION FOR RELEASE OF INFORMATION. I hereby consent to an independent investigation by the Department of Insurance (Financial Institutions and Professional Registration) of the State of Missouri pertaining to this application. I expressly 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 current or former employment, state and federal tax returns, criminal records, business records, and banking records. _____ (initial). My authorization for the release of this information shall expire on the 181st day after the date of my signature, below.

_____)
Date)
STATE OF _____)
COUNTY OF _____)

Signature of Applicant

Subscribed, sworn to, and acknowledged before me by _____ to be his/her free act and deed this _____ day of _____, 20____.

Notary Public My Commission Expires