

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

**C.L. "BUTCH" OTTER**  
Governor

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
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**DEAN L. CAMERON**  
Director

RE: Federal Law 18 USC § 1033

To Whom It May Concern:

Enclosed, please find the U.S.C. 1033 form. Federal law 18 USC 1033 prohibits certain activities by persons engaged, or proposing to be engaged, in the business of insurance. However, there are circumstances where 1033 allows the Department of Insurance to determine whether the applicant should be given written consent to engage in the business of insurance. See (e) (2) on the enclosed form.

Please attach a minimum of 3 letters of recommendation that attest to this person's character and reputation. The letters should indicate the length of time the writer has known the applicant, along with their business or social relationship to the applicant, and it should include a description of the applicant's character traits and reputation in the community. Each recommendation should also verify that the writer knows of the applicant's criminal history.

Please complete the enclosed application in its entirety and return to the Department, with the necessary attachments, to the attention Lisa Tordjman. If you have any questions concerning this matter, please feel free to contact me at 208/334-4343.

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

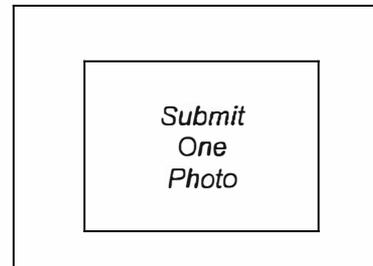
Notice to Applicant: 18 U.S.C. § 1033 prohibits certain activities by persons engaged, or proposing to become engaged, in the business of insurance:

- (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 subsection.

This Application will be reviewed by the Idaho Department of Insurance 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 OR CAREFULLY PRINT**



**SECTION I – APPLICANT INFORMATION**

Full Name of Applicant:

Last Name	First Name	Middle	SSN
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Home <i>Physical</i> Address	City	County	State	Zip	Home Phone
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Business <i>Physical</i> Address	City	County	State	Zip	Business Phone
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Email

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.

5. Have you ever used or been known by another name (including maiden name) ?  yes  no  
 If yes, provide the other names used and explain the reasons for your name change(s).

Other Names Used	Date of Use
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Reason for Name Change(s)	(attach additional pages as needed)
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6. Have you ever used or been issued a different Social Security number?  yes  no  
 If yes, provide the following information (attach additional pages as needed):

Other Social Security numbers used/issued	Date of use
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Reason

7. 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 Name and Address
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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 (attach additional pages as needed):

Title of Case	Case Number
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Federal  State

Identification of Court	City/State	Date of Action
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Description of case and your involvement, including outcome:

**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. Include the name you used, if different from the name used in this application.

Name of High School(s)	Address	Major	Dates Attended	Highest Level Attained
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Name of College(s)	Address	Major	Dates Attended	Highest Level Attained
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Name of Tech School(s)	Address	Major	Dates Attended	Designation
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Post Graduate Schools or Programs	Address	Dates Attended	Designation
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8. If any other professional licenses, certifications or designations have ever been suspended, revoked, or administratively sanctioned (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; charge(s) on which you were convicted; 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 if needed.

2. Other than as described in Section IV, No. 1, during your lifetime have you ever been charged, arrested, indicted, as 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, including the city, county, and state where each instance occurred.

3. Have you received any type of pardon or expungement to the offense or offenses that are the subject of this Application, or any other offense listed?  yes  no  
 If yes, provide the following information (add additional pages if needed):

Pardoning Authority	County	State	Convicted Offense	Date of Expungement	Terms of Expungement
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4. 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 (add additional pages if needed):

5. Are there mitigating or extenuating circumstances surrounding your commission of the offenses listed in Section IV?  yes  no  
 If yes, explain (attach additional pages as needed).

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

**SECTION V – PRESENT/PROPOSED INSURANCE EMPLOYMENT**

1. Provide the following information 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
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	

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

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

Name of Proposed 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 proposed office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

5. Explain why your conviction(s) will not affect your fitness or ability to perform any of the duties or activities referred to in paragraphs 2 and 4 above (attach additional pages as needed):

6. List the names and locations of all insurers and entities providing services to insurers 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 civil judgments, tax or other liens or penalties outstanding (include pending actions)?  
 yes  no      If yes, describe in detail (attach additional pages as needed):
  
2. Do you currently owe any judicial or administrative fines, taxes, penalties, or past due child support or alimony (maintenance) payments?       yes  no  
 If yes, provide details, including the nature of the debt or obligation (including pending actions), the name and address of the person or entity to whom it is owed, and when such debt or obligation was due (attach additional pages as needed):
  
3. Attach a list indicating the amount and sources of all income for five (5) calendar years prior to the Application through the date of the Application.
  
4. 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):
  
5. 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):
  
6. 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 including dates, case numbers, company name(s) and address(es), and name(s) and address(es) of relevant state or federal courts or agencies (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 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 (attach additional pages as needed): *List on next page.*





PROVIDE A LIFELONG LIST OF ALL CHARGES AND CONVICTIONS FOR FELONY OR MISDEMEANOR CRIMES, INCLUDING: CIRCUMSTANCES LEADING TO CRIMINAL CHARGE(S), DATE(S) OF CHARGE(S); COURT(S); DATE(S) OF DISPOSITION; CONVICTED CHARGE(S); 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. ATTACH ADDITIONAL PAGES, IF NEEDED.

Circumstances Leading to Charge(s)	Criminal Charge(s) and Date of Charge	Court	Date(s) of Disposition	Convicted Charge(s)	Sentence(s)	Date(s) of Incarceration	Date(s) of Probation/Parole	Release Date(s) from Probation/Parole	Restitution Ordered/Paid	Fines/Costs Ordered/Paid