

Hawaii Application for Individual or Legal Entity Life Settlement Broker or Provider Insurance License

(Please Print or Type)

Check appropriate box for the Life Settlement license being applied for:

- | | |
|--|--|
| <input type="checkbox"/> Provider License (resident; individual) | <input type="checkbox"/> Broker License (resident; individual) |
| <input type="checkbox"/> Provider License (non-resident; individual) | <input type="checkbox"/> Broker License (non-resident; individual) |
| <input type="checkbox"/> Provider License (resident; legal entity) | <input type="checkbox"/> Broker License (resident; legal entity) |
| <input type="checkbox"/> Provider License (non-resident; legal entity) | <input type="checkbox"/> Broker License (non-resident; legal entity) |

Current Hawaii life producer license number: _____ Date of Expiration: _____

LEGAL ENTITY APPLICANT

1. Business Entity Name		2. Incorporation/Formation Date (month/day/year)		3. FEIN	
4. List any other assumed, fictions, alias or trade names under which you are doing business or intend to do business				5. State of Domicile	
6. Country of Domicile					
7. Business Address		8. City	9. State	10. Zip Code	11. Foreign Country
12. Business Phone		13. Fax	14. Business Web Site Address		15. Business E-Mail Address
16. Mailing Address or P.O. Box		17. City	18. State	19. Zip Code	20. Foreign Country

INDIVIDUAL APPLICANT

21. Social Security Number		22. If assigned, National Producer Number (NPN)			
23. Last Name		JR./SR. etc	24. First Name	25. Middle Name	26. Date of Birth (month/day/year)
27. Residence/Home Address (Physical Street)		28. City	29. State	30. Zip Code	31. Foreign Country
32. Home Phone	33. Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	34. Are you a Citizen of the United States? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S)</small>			
35. Business Entity Name					
36. Business Address (Physical Street)		37. City	38. State	39. Zip Code	40. Foreign Country
41. Business Phone		42. Business Fax	43. Business E-Mail Address		44. Business Web Site Address
45. Mailing Address or P.O. Box		46. City	47. State	48. Zip Code	49. Foreign Country
50. a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.					
b. List any trade names under which you are currently doing business or intend to do business.					

(Continue on next page)

DO NOT WRITE IN THIS BOX - For State Use Only

Entity ID: _____	PDB _____	C&E _____	CHR \$ _____
License #: _____	CJIS _____	Health _____	130 \$ _____
Eff Date: _____	Log _____	Legal _____	108 \$ _____
Ext. Date: _____			\$ _____

