The Short Form Application for Written Consent is to be used for Rhode Island residents that have been convicted of any criminal felony AND are applying for a Rhode Island insurance license.

Mail to: Rhode Island Dept of Business Regulation Insurance Division, Licensing Section 1511 Pontiac Avenue, Bldg. 69-2

Cranston RI 02920

ATTACHMENT I

SHORT FORM APPLICATION

TO ENGAGE IN

FOR WRITTEN CONSENT

THE BUSINESS OF INSURANCE PURSUANT TO 18 U.S.C. § 1033 AND 1034

Submit Two Recent Identical Photos

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 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 chief insurance regulatory official in this state 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

SECTION I - APPLICANT INFORMATION

1. Full Name of Applicant:

LAST N	AME F	IRST NAME		MIDDLE
YES	OU EVER BEEN KNOWN BY OR US ☐ NO IDENTIFY:		ME, INCLUDING MAI	DEN NAME?
Home A	ddress:			
	Street Address	City	State	Zip
Mailing Address	s:			
	P.O. Box or Street Addres	ss City	State	Zip
Home T WORK	elephone Number: TELEPHONE NUMBER:			
Have yo	SECURITY NO. ou ever used or been issued another tion and previous/other social secu		umber? If	so, provide an
PLACE BIRTH:	AND DATE OF			
(Answe in the a needed	r all questions fully and completely. pplication process. You are not lim).	Failure to answe	er the questions fully below. Attach addition	will result in delays onal pages if
SECTI	ON II - CRIMINAL HISTORY			
1.	List any felony(s) for which you have been arrested, charged, indicted, or convicted. Include details of any negotiated plea agreements and pleas of nolo contendre to an Information or indictment. Attach a full description of your acts involved in the aforementioned matters. Include dates of charge, location, and nature of offense. Attach additional pages if needed.			

2.	Provide details of the conviction for which you are seeking written consent and the final disposition of these matter(s), including sentence; dates of incarceration; dates of probation/parole (if you are currently under probation/parole, include the name and phone number of person supervising your parole or probation; restitution paid; fines/costs ordered: fines/costs paid; and pardons granted. Include information as to whether or not your civil and political rights have been restored. Attach additional pages if needed.			
3.	Have you ever applied for consent from an insurance regulatory authority? ☐ yes ☐ no If yes, provide details below:			
State	(s):			
	☐ Granted ☐ Denied ☐ Other			
	se provide details of outcome of prior or pending applications for Consent:			
SEC	TION III - PRESENT/PROPOSED INSURANCE EMPLOYMENT			
1.	Please specify the name and address of your current or proposed employer to which the requested exemption will apply.			
2.	Please describe in detail the office, position, and title. to which the requested exemption will apply and a complete description of the activities, duties and responsibilities. Please attach or describe any proposed or current written or oral agreements, contracts, or understandings with any entity engaged in the business of insurance as defined by 18 U.S.C. § 1033. (If consent is given, it will be applicable to the activities described herein.) Please include your date of employment or proposed date of employment.			

SECTION IV - 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. Certified copy of the applicant's criminal history.
- 2. Certified copy of the indictment, criminal complaint, or docket sheet or other initiating documents for the charge(s) which is the subject of this Application.
- A certified copy of the order of judgment and sentence of the court for the conviction that is 3. the subject of this Application, including certification of completion and performance of all conditions imposed by the court.
- 4. An affidavit from the individual that seeks to employ you stating in detail the duties and responsibilities that you are performing or are to perform for them and for which you seek written consent and that it is that individual's opinion that the performance of these responsibilities does not constitute a threat to the public.

(name of applicant), swear under penalty of law

attached Application, and the documents appended thereto, are true and correct and complete. I understand that my

that my statements in the

statements in the Application and the attachmer of the State of in the e 1033, in making a decision on this Application. or if there are any false statements included in the any state criminal or administrative remedies a which I have applied, will be subject to suspense would also constitute a violation of 18 U.S.C. § any felony conviction upon which this request a Insurance Department, for the State of confirm the information in this Application and release any information the Insurance Department.	hats to my Application will be relied upon by the Insurance Commissioner execution of his or her duties under the Insurance Code, and 18 U.S.C. § I understand that if I have made any false statement in this Application, he attachments to this Application, I may be criminally prosecuted under available and that any insurance license(s) that I currently hold, or for insion or revocation. I further understand that these false statement(s) 1033. For purposes of this Application, I do not contest the validity of would be granted. By signing this Application, I acknowledge that the may conduct an independent investigation to I expressly consent and authorize any person, business or agency to the ent may request as part of the investigation, including but not limited to, leral tax returns, business records, and banking records.
Date	Signature of Applicant
STATE OF	
Subscribed, sworn to, and acknowledge to be and deed this day of	his/her free act
Expires:	Notary Public, State at Large My Commission

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