



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

LIFE SETTLEMENTAL PROVIDER (LSP)
SUPPLEMENTAL FORM

Instructions:

- Please complete this entire form, including the checklist. Both this supplemental form and the NIPR online application must be newly completed each year.
 - If you have not submitted the NIPR online application, you must submit through NIPR before completing this supplemental form.
 - If you are submitting a new application:
 - Go to www.nipr.com. Under Licensing Center, select “Apply for a New License.”
 - If you are submitting a renewal application:
 - Go to www.nipr.com. Under Licensing Center, select “Renew an Existing License.”
 - You will submit payment through NIPR.
- After applying online, email all required documentation to: cid.tpa@ct.gov, Attn: LSP.

Name of LSP: _____

LSP Tax Identification Number (TIN/FEIN): _____

LSP NPN#: _____

LSP Business Address:

LSP Mailing Address:

LSP Phone Number: _____

LSP Owner(s): _____

NIPR Transaction #: _____

Contact Information at LSP:

Name: _____

Title: _____

Mailing Address:

Phone Number: _____

Fax Number: _____

E-Mail Address(es): _____

ADDITIONAL REQUIREMENTS:

- Detailed plan of operation.

Document in Warehouse *Date Added:* _____

Document to Follow

- If the applicant is a corporation, partnership, limited liability company or other legal entity, the applicant has to provide a certificate of good standing from its state of domicile and, if the applicant is not domiciled in Connecticut, a [certificate of good standing](#) from the Secretary of State dated not more than 15 days before or after the date of filing the application.

Document in Warehouse *Date Added:* _____

Document to Follow

- A provider will provide to the CID new or revised information ([biographical affidavits](#)) about officers, stockholders holding 10% or more of the company's stock, partners, directors, members or designated employees not later than 30 days after the change in information.

Document in Warehouse *Date Added:* _____

Document to Follow

- File an antifraud plan that includes the following:
 - A description of the procedures for detecting and investigating possible fraudulent insurance acts.
 - A description of the procedures for reporting fraudulent insurance acts.
 - A description of the plan for antifraud education and training of its underwriters and other personnel.
 - A written description or chart outlining the arrangement of the antifraud personnel responsible for the investigation and reporting of possible fraudulent insurance acts and investigating unresolved material inconsistencies between medical records and insurance applications.

Document in Warehouse *Date Added:* _____

Document to Follow

NIPR Transaction #: _____

CEO CERTIFICATION OF ACCURACY

I, _____, _____ of
(Printed Name) (Title)

_____, hereby certify that
(Life Settlement Provider)

I have reviewed the information submitted in accordance with Connecticut General Statute [C.G.S. §38a-465](#), and that the information is true and accurate. I understand that any material modification of any matter or document furnished pursuant to this application must be filed with the Insurance Commissioner within thirty (30) days of such modification, including supporting documents to explain the modification.

(Signature of CEO)

(Date)