Draft: 9/29/22

***DISCUSSION DRAFT***

**Template for 1033 Consent Process**

*Suggestion on How to Make 1033 Consent Process Effective and Efficient*

Language Based on Utah Process for Written Consent

<https://insurance.utah.gov/licensee/producers/exam/1033-consent-process>

1. **Introduction**
2. Federal law provides penalties for a person who: (a) has been convicted of a felony involving dishonesty or breach of trust; and (b) willfully engages in the business of insurance affecting interstate commerce, unless the person receives written consent from the state insurance regulatory official with appropriate jurisdiction. See, Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. §§1033 and 1034.
3. A person who has not obtained written consent and who has been convicted of a felony involving dishonesty or breach of trust is a “prohibited person.” A prohibited person who engages in the business of insurance faces possible federal criminal and civil action.
4. The federal law also penalizes those in the insurance industry who willfully allow prohibited persons to engage in the business of insurance. They must notify the [Insert Jurisdiction Insurance Department] (“the Department”) in writing of an employee or agent who is a prohibited person.
5. **A prohibited person may seek written consent**
6. A prohibited person may seek written consent to engage in the business of insurance in [Insert Jurisdiction]. The process for obtaining consent is set forth in this document. The process is available only to a [Insert Jurisdiction] resident who is seeking a [Insert Jurisdiction Insurance Department] insurance license or who wishes to be employed in the business of insurance in [Insert Jurisdiction Insurance Department] in a non-licensed capacity. A non-resident should consult her or his home state insurance department. The [Insert Jurisdiction Insurance Department] may require the prohibited person to provide a copy of the home state’s written consent.
7. **Definition of relevant terms**
8. Breach of Trust. A crime involving breach of trust includes, but is not limited to, an offense constituting or involving misuse, misapplication or misappropriation of: (a) anything of value held as a fiduciary (including, but not limited to, a trustee, administrator, executor, conservator, receiver, guardian, agent, employee, partner, officer director or public servant); or (b) anything of value of any public, private or charitable organization.
9. Business of Insurance. This term means the writing of insurance or the reinsuring of risks, by an insurer, including all acts necessary or incidental to such writing or reinsuring and the activities of persons who act as, or are, officers, directors, agents, or employees of insurers or who are other persons authorized to act on behalf of such persons.
10. Conviction. This term includes, but is not limited to: (a) a plea in abeyance or other similar agreement that defers a criminal judgment, regardless of whether the criminal charges were dismissed pursuant to the terms of the agreement; and (b) an expunged conviction.
11. Dishonesty. A crime involving dishonesty includes, but is not limited to, an offense constituting or involving perjury, bribery, forgery, counterfeiting, false or misleading oral or written statements, deception, fraud, theft, schemes or artifices to deceive or defraud, material misrepresentations and the failure to disclose material facts.
12. Felony. A “felony” is an offense that is specifically classified as such in the section defining it. If there is no classification, an offense is a felony if the maximum term of authorized imprisonment authorized is more than one year, or if the maximum penalty is death.
13. **Applying for written consent**
14. Each prohibited person seeking written consent must submit a completed Application for Written Consent to Engage in the Business of Insurance (“Application”) addressed to [Insert Individual Name to review request]. An Application shall be electronically submitted to [Insert Jurisdiction email address].
15. A prohibited person has the responsibility to read the Application in its entirety and answer every question completely and accurately. Absolute and complete candor is required. Failure to complete the Application or submit any requested documentation shall result in denial of the Application. An amendment to the Application must be filed immediately upon the occurrence of any event or discovery or recollection of any fact that would change any answer on the Application. Failure to file a timely amendment may result in denial of written consent or withdrawal of previously granted consent.
16. **Process for granting or denying an Application**
17. Each jurisdiction will establish a process for the review of an Application. This may include incorporating the 1033 consent process into the process a jurisdiction uses to issue an insurance producer license.
18. **Standard by which an Application is evaluated**
19. An Application provides a prohibited person with the opportunity to demonstrate that, notwithstanding the conviction(s), he or she is sufficiently trustworthy to participate in the business of insurance without being a risk to consumers and/or insurers. A prohibited person has the burden of satisfying this standard. Factors that may be considered by the Commissioner include, but are not limited to, the following:
20. the nature and severity of the offense and sentence;
21. the date of conviction(s);
22. the age at the time of committing the crime(s);
23. the nature and extent of injury and/or loss caused by the act for which the prohibited person was convicted;
24. unpaid judgement(s);
25. whether the crime was related to the business of insurance or the exercise of any professional or other license or authority conferred by a federal, state or local governmental agency;
26. whether the prohibited person received a pardon from the sovereign that convicted him or her, and the reason for it;
27. whether the prohibited person successfully completed parole or probation without incident and whether payment of all fines, penalties or other assessments were satisfied;
28. any aggravating or mitigating factors;
29. whether other jurisdictions have granted or denied an 18 U.S.C. § 1033 consent;
30. the nature and strength of any letters of recommendation and other evidence of rehabilitation;
31. the prohibited person’s employment history before and after the commission of the crime(s);
32. the nature of any consumer complaints in the Department’s possession or reported by the prohibited person;
33. whether and to what extent the prohibited person has made materially false statements in any license application or in any other documents filed with the Department;
34. the prohibited person’s proposed type of employment in the insurance industry;
35. the extent to which the prohibited person will be supervised in that employment;
36. whether and to what extent the prohibited person has made materially false statements in any application or in other documents filed with any other state or federal agency; and
37. whether the prohibited person has had any professional license revoked or suspended by any state or federal agency.
38. **Ongoing duties of person who Application is granted**
39. An Application granted by the Commissioner is conditioned on the truth of the documents and information submitted by or on behalf of the prohibited person. If a prohibited person has made materially false or misleading statements, has presented materially false or misleading information, or has failed to disclose material information, that may constitute a separate violation of law.
40. A person whose Application is granted has the Commissioner’s consent to engage in the business of insurance according to the terms and conditions of the written consent.

*Proposed changes to Short Form Application are noted with revision marks.*

**SHORT FORM APPLICATION**

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

**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 five (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 five (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 Name First Name Middle Name**

**Have you ever been known by or used another name, including maiden name?**  **Yes**  **No If yes, Identify:**

**Home Address:**

**Street Address City State ZIP Mailing Address:**

**P.O. Box or Street Address City State ZIP**

**Home Telephone Number: Work Telephone Number:**

**Social Security No.**

**Have you ever used or been issued another social security number?**

**If so, provide an explanation and previous/other social security number(s)**

**Place and Date of Birth:**

***(Answer all questions fully and completely. Failure to answer the questions fully will result in delays in the application process. You are not limited to the space below. Attach additional pages if needed).***

**SECTION 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**

Please provide details of outcome of prior or pending applications for Consent:

**SECTION III - PRESENT/PROPOSED INSURANCE EMPLOYMENT**

1. **Please specify the name and address of your current or proposed employer to which the requested consent will apply.**
2. **Please describe in detail the office, position, and title to which the requested consent 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, docket sheet, or other initiating documents for the charge(s) that is the subject of this Application.**
3. **Certified copy of the order of judgment and sentence of the court for the conviction(s) that is 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.**

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. I understand that my statements in the Application and the attachments to my Application will be relied upon by the Insurance Commissioner of the State of in the execution of his or her duties under the Insurance Code, and 18 U.S.C. § 1033, in making a decision on this Application. I understand that if I have made any false statement in this Application, or if there are any false statements included in the attachments to this Application, I may be criminally prosecuted under any state criminal or administrative remedies available and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false statement(s) would also constitute a violation of 18 U.S.C. § 1033. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted. *By signing this Application, I acknowledge that the Insurance Department, for the State of may conduct an independent investigation to confirm the information in this Application and I expressly consent and 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 former employment, state and federal tax returns, business records, and banking records.*

**Signature of Applicant Date**

*Drafting Note: Some jurisdictions may require application to be notarized.*

**STATE OF )**

**)**

**COUNTY OF )**

**Subscribed, sworn to, and acknowledged before me by to be his/her free act**

**and deed this day of , 20 .**

**Notary Public, State at Large My Commission Expires:**

[1033 Process](https://naiconline.sharepoint.com/sites/NAICSupportStaffHub/Member%20Meetings/D%20CMTE/2022%20Fall%20National%20Meeting/PLTF/Oct%2028%20Call/1033%20Process%209.29.27.docx)