

Office of the
Commissioner



Delaware
Department of Insurance

INSURANCE PREMIUM FINANCE COMPANY APPLICATION

Premium Finance Company (PFC) license type:

- Property & Casualty
- Life

Company/Licensee Name: _____

Address at which applicant will conduct business:

Address of principal place of business within State:

Address at which all books, records, accounts & documents relating to business in this State will be kept:

Address of principal place of business if foreign proprietorship, partnership or corporation:

Telephone Number: _____ Contact email: _____

Federal Tax Identification Number: _____

Applicant is:

- Individual Proprietor
- Partnership
- Corporation
- Other

Corporation

Attach copy Certificate of Incorporation

State of Incorporation _____ Date of Incorporation _____

Foreign - Agent for Service of Process in Delaware _____

Address/Phone/Fax for Service of Process in Delaware _____

Names of Officers:

President: _____

Secretary: _____

Treasurer: _____

Corp, Trust or Other -

Number of Shares authorized _____ Number of Shares outstanding _____ Par Value _____

Every person, firm or corporation owning or controlling 10% or more shares:

<u>Name & Residence</u>	<u>Title</u>	<u>Number of Shares %</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Partnership

General Partnership Limited Partnership

Name and Address of Partners (identify limited partners, if any):

Partner: _____
Partner: _____

If applicant has engaged previously in same or similar business, provide details, including name(s), address and date first commenced:

Applicant is directly or indirectly under common ownership, control or management, or is otherwise affiliated or associated with any insurer, or any person, firm or corporation having or exercising control of an insurer.

Yes (Supply complete details) No

Date of Current Certified Annual Statement (attach) _____

Additional business conducted at the address of the applicant _____

Name & Address of additional place of business for applicant, any subsidiary, affiliated or associated Insurance Premium Finance Company:

Has applicant, manager, any officer, director, owner or beneficial owner of 10% or more of the shares (If yes, submit complete details including name, address, disposition of charges, etc.):

1. Applied previously in this State for a license to engage in the business of insurance premium financing?
 Yes No
2. Received a rejection, revocation or suspension of license under laws of this State governing insurance premium or other customer financing? Yes No
3. Received a rejection, revocation or suspension under an insurance premium financing law or regulation, or similar law or regulation in any other State? Yes No
4. Received a revocation or suspension of any license, been convicted or entered a plea of guilty, or nolo contendere with respect to any law or regulation relating to the business of insurance? Yes No
5. Been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a State or Federal offense in this or any other State? Yes No
6. Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship, or conservatorship?
 Yes No
7. Hold a license to engage in the business of insurance premium financing or a similar or related business in any State, District or Territory of the United States? Yes No

Date of Signature

Signature of Officer

Printed Name

Title

Please enclose a check for \$500.00 made payable to the Delaware Department of Insurance.