

Trinidad Navarro  
Commissioner



State of Delaware  
Department of Insurance

**FORM PF-2**  
**INSURANCE PREMIUM FINANCE COMPANY RENEWAL**

Company/Licensee Name: \_\_\_\_\_

License Number: \_\_\_\_\_ FEIN: \_\_\_\_\_ **Renewal Year:** \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

NOTE: The name and address of the licensee as it appears above shall be the same as it presently appears on your license. If any of this information is incorrect, fill in the correct information in the space provided below (be sure to attach proof of corrected name):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Corporation, give name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Officers:

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Partnership or proprietorship, give names of partners or proprietor:

Partner: \_\_\_\_\_

Partner: \_\_\_\_\_

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Please enclose a check for \$500.00 made payable to the Delaware Department of Insurance.  
The Department **will not accept renewals greater than 60 days in advance of the renewal year.**