

Trinidad Navarro  
Commissioner



Delaware Department of Insurance

INSURANCE PREMIUM FINANCE COMPANY RENEWAL

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

License Number: \_\_\_\_\_ 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: ( ) \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Corporation, give name and address:

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

Names of Officers:

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

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

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

Partnership or proprietorship, give names of partners or proprietor:

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

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

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

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

\_\_\_\_\_  
Title

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

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.**