



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### **RE: APPLICATION FOR LICENSE AS AN INSURANCE PREMIUM FINANCE COMPANY**

Enclosed are the following forms to be fully completed and submitted to this Department with the required application fee for a license as an Insurance Premium Finance Company as authorized under Chapter 698, Part VII, Sections 38a-160 to 38a-170 Connecticut General Statutes, inclusive.

1. Application: Answer all questions fully. If applicant is a partnership or corporation, each individual partner, member, officer, manager and stockholder with an ownership interest exceeding 10%, must also complete questions 12 through 14 which are to be submitted with and attached to the original application.
2. Power of Attorney: The Power of Attorney form is only required of non-residents. Each non-resident applicant and, if a partnership, each individual partner, must complete and return the applicable form. Different forms are used for partnerships and corporations. Please be sure the correct form is used.
3. If the applicant is a corporation, incorporated under the laws of Connecticut, submit a copy of the Articles of Incorporation certified by the Connecticut Secretary of State. *If the applicant is a foreign corporation, submit a Certificate from the Connecticut Secretary of State showing that it is authorized to transact business in this state.*
4. Submit copies of all contracts, agreements or other documents to be used in this State, together with a Rate Chart showing true annual interest rate charged with an explanation of the factor or method of calculation used.
5. Application Fee: A \$50.00 check, made payable to "Treasurer, State of Connecticut" should be included with the application. The fee will be returned to the applicant if the license is not granted.

Please note that all forms must be notarized where indicated.



**State of Connecticut Insurance Department**  
**153 Market Street**  
**P.O. Box 816**  
**Hartford, CT 06142-0816**

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**Insurance Premium Finance Company Licensure Application**

Application is hereby made for a license as an insurance premium finance company pursuant to the provisions of the Connecticut General Statutes. A CURRENT CERTIFICATE OF WORKER'S COMPENSATION INSURANCE (C.G.S., PA 86-87) MUST BE ATTACHED.

1. State whether applicant is an individual, partnership, association or corporation.

\_\_\_\_\_

2. Name of Applicant \_\_\_\_\_

2a. Federal Employer Identification Number ('FEIN') \_\_\_\_\_

3. Address of principal office

No. Street City/Town State Zip Code

4. Address of Connecticut branch office(s)

No. Street City/Town State Zip Code

No. Street City/Town State Zip Code

5. What other business is or will be conducted at the principal or branch office(s)?

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

6. If the applicant is a corporation or LLC:

Place of incorporation \_\_\_\_\_

Date of Incorporation \_\_\_\_\_

7. If partnership, association or corporation, list names, business and home addresses of all partners, members or officers address

<u>Full Name</u>	<u>Title</u>	<u>Residence</u>	<u>Business</u>	<u>Occupation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. If corporation, list names, business and home addresses of all directors address.

<u>Full Name</u>	<u>Residence</u>	<u>Business</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

USE ADDITIONAL SHEETS IF NECESSARY

9. If the applicant is a corporation incorporated under the laws of Connecticut, submit a copy of the Articles of Incorporation certified by the Connecticut Secretary of State, or, if a foreign corporation, a certificate from the Connecticut Secretary of State, to show that it is authorized to transact business in this State.

10. Attach copies of all contracts, agreements or other documents to be used in this State, including rate charts showing true annual interest rates charged, with explanation of factors or method of calculations used.

11. The following is a true and correct statement of the financial condition of the applicant as of \_\_\_\_\_ . (Attach copy)

<u>Assets</u>	<u>Liabilities</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	<u>Surplus</u>
_____	_____
Total _____	Total _____

12. Give the following information for each individual applicant. If the applicant is a partnership or corporation, provide the following information for each individual partner, member, officer and manager. USE ADDITIONAL SHEETS IF NECESSARY.

A. Full Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

B. Residence Address \_\_\_\_\_

C. Present Occupation \_\_\_\_\_

D. Employer \_\_\_\_\_

E. Are you licensed as an insurance agent? \_\_\_\_\_ If so, where? \_\_\_\_\_

What kind of license? \_\_\_\_\_ For what lines of insurance? \_\_\_\_\_

F. Give name of any state where you are now and have been licensed to finance insurance premiums. \_\_\_\_\_

G. Have you ever been charged with, arrested, indicted for, or convicted of any offense against the laws of the United States Government, any state or subdivision thereof, or any other jurisdictions? If so, give all details.

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

USE ADDITIONAL SHEETS IF NECESSARY

H. Has any department, public official or court at any time suspended, cancelled, revoked or refused to issue or renew any license or permit of any kind applied for by you or issued to you to engage in the insurance business or to pursue any other business, trade, calling or profession?

If so, give all details. \_\_\_\_\_

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

USE ADDITIONAL SHEETS IF NECESSARY

13. If a corporation, does any stockholder own more than 10% of the outstanding and issued capital stock of the corporation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name, address, holdings and answer Questions 12 and 14 for each such stockholder.

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

USE ADDITIONAL SHEETS IF NECESSARY

14. I, the applicant and/or the individual, partner, member, officer, manger named in Question 12a being duly sworn according to law depose and say that the answers set forth above are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

Sworn and subscribed to before me at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

Make check payable to: Treasurer, State of Connecticut



# STATE OF CONNECTICUT INSURANCE DEPARTMENT

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the \_\_\_\_\_  
(Name of Corporation)

Organized under the laws of \_\_\_\_\_ and

with its principal place of business at \_\_\_\_\_  
(street and number)

\_\_\_\_\_ Desiring to  
City State Zip Code

Transact the business of *Insurance Premium Finance Company* in the State of Connecticut in conformity with the laws thereof does hereby make, constitute and appoint the Insurance Commissioner of said State, or his successor in office, its true and lawful attorney in and for the State of Connecticut, on whom all process of law, whether mesne or final, again said \_\_\_\_\_ may be

(Name of Corporation)

served in any action or proceeding against said Company in the State of Connecticut, subject to and in accordance with all the provisions of the laws of the State of Connecticut now in force, and such other laws as may hereafter be enacted in relation thereto. And the said attorney is hereby duly authorized and empowered, as the agent of said Corporation, to receive and accept service of process in all cases as provided by the laws of the State of Connecticut and such service shall be deemed personal service on said Corporation, and shall be of the same legal force and validity as if served on said Corporation; and said Corporation hereby waives all claims of error by reason of such service. This appointment shall continue in force so long as the samid Corporation remains a licensed *Insurance Premium Finance Company* and until the Statute of Limitations has run against any and all claims that may exist against said Corporation because of its having done business under said license.

In witness whereof, the said Corporation, in accordance with a resolution of its Board of Directors duly passed on the \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_ (a certified copy of which is hereto L. S. Attached), has to these presents affixed its corporate seal, and caused same to be subscribed and attested by its President and Secretary, this \_\_\_\_\_ Day of \_\_\_\_\_ A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
President L.S.

**SEAL**

\_\_\_\_\_  
Secretary L.S.

**State of**

**County of**

On this \_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_ before me, a Notary Public, for the State of \_\_\_\_\_, duly appointed to take the acknowledgement of Deeds and other instruments, personally appeared ,

\_\_\_\_\_ President, and

\_\_\_\_\_ Secretary of the

\_\_\_\_\_ Corporation (who are personally known to me) and severally acknowledged the execution of the foregoing instrument by them subscribed; and being duly sworn, each for himself deposes and says, that they are respectively the officers of the Corporation aforesaid, and that the seal affixed to said instrument is the corporate seal of said Corporation; and that the said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of said Corporation.

Witness my hand and official seal at \_\_\_\_\_

\_\_\_\_\_ In the County and State aforesaid,  
the day and year above written.

\_\_\_\_\_  
Notary Public



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the (Name of LLC)

Organized under the laws of

and with its principal place of business at (Street and number)

(City) (State) (Zip Code) Desiring to

Transact the business of Insurance Premium Finance Company in the State of Connecticut in conformity with the laws thereof does hereby make, constitute and appoint the Insurance Commissioner of said State, or his successor in office, its true and lawful attorney in and for the State of Connecticut, on whom all process of law, whether mesne or final, again said may be

(Name of LLC) served in any action or proceeding against said Company in the State of Connecticut, subject to and in accordance with all the provisions of the laws of the State of Connecticut now in force, and such other laws as may hereafter be enacted in relation thereto. And the said attorney is hereby duly authorized and empowered, as the agent of said LLC, to receive and accept service of process in all cases as provided by the laws of the State of Connecticut and such service shall be deemed personal service on said LLC, and shall be of the same legal force and validity as if served on said LLC; and said LLC hereby waives all claims of error by reason of such service. This appointment shall continue in force so long as the said LLC remains a licensed Insurance Premium Finance Company and until the Statute of Limitations has run against any and all claims that may exist against said LLC because of its having done business under said license.

In Witness Whereof, we, as individuals, jointly and severally and as all of the members of (Name of LLC) Have hereunto set our hands and

seals this day of A.D. 20

L.S.

L.S.

State of

SS. (City or Town) (Date)

County of



I, \_\_\_\_\_, a Notary Public in and for the State of \_\_\_\_\_ do hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, personally appeared before me \_\_\_\_\_

\_\_\_\_\_ to me known to be the individuals described in and who executed the foregoing instrument, each of whom acknowledged that he/she signed and sealed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

\_\_\_\_\_  
(Notary Public)



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Know all Men by these Presents:

That we, \_\_\_\_\_

as partners doing business under the partnership name of \_\_\_\_\_,
with its principal place of business at \_\_\_\_\_

(Street and Number) (City) (State) (Zip Code)

desiring to conduct the business of Insurance Premium Finance Company in the State of Connecticut in
conformity with the laws thereof, and in consideration of the privilege granted us to carry on and transact such
business in the State of Connecticut, do hereby make, constitute and appoint the Insurance Commissioner of said
State, or his successor in office, our true and lawful attorney in and for the State of Connecticut, on whom all-
process of law, whether mesne or final, against us the said \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_
\_\_\_\_\_ or any of us as partners, or against \_\_\_\_\_

(Trade Name of Partnership)

May be served in any action or proceeding against said partnership, or any said partner or group of said partners in
the State of Connecticut, subject to and in accordance with all the provisions of the laws of the State of Connecticut
now in force and such other laws as may hereafter be enacted in relation thereto. And we, the partners of said
partnership, do authorize and empower the said attorney, as agent of said partnership and or each said partner, to
receive and accept service of process in all cases as provided by the laws of the State of Connecticut, and such
service shall be deemed personal service on said partnership and on each said partner, and shall be of the same legal
force and validity as if served on said partnership and on each said partner; and said partnership and each said
partner hereby waives all claims by error by reason of such service. This appointment shall continue in force so
long as the said partnership or any of said partners remain licensed as an Insurance Premium Finance Company
and until the Statute of Limitations has run against any and all claims that may exist against it or them because of
their having done business under said license.

In Witness Whereof, we, as individuals, jointly and severally and as all of the partners of
\_\_\_\_\_ Have hereunto set our hands and seals this

(Trade name of partnership)

\_\_\_\_\_ day of \_\_\_\_\_ A. D. 20\_\_\_\_\_.

\_\_\_\_\_. L.S.
\_\_\_\_\_. L.S.
\_\_\_\_\_. L.S.
\_\_\_\_\_. L.S.
\_\_\_\_\_. L.S.
\_\_\_\_\_. L.S.

**State of**

**SS.** \_\_\_\_\_

**County of** \_\_\_\_\_

(City or Town)

(Date)

I, \_\_\_\_\_, a Notary Public in and for the State of \_\_\_\_\_ do hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_, personally appeared before me \_\_\_\_\_

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

to me known to be the individuals described in and who executed the foregoing instrument, each of whom acknowledged that he/she signed and sealed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

(Notary Public)