



State of Connecticut Insurance Department
 153 Market Street
 P.O. Box 816
 Hartford, CT 06142-0816
 ATTN: Juliann Collazo, 860.297.3868

Fee: \$50.00

Make check payable to: Treasurer, State of Connecticut

Insurance Premium Finance Company License Renewal Application

Name: _____

Address: _____

Contact Person _____ Phone: _____

Applicant Federal Tax ID# Per C.G.S. 4a-79 _____

THIS IS THE ONLY NOTICE YOU WILL RECEIVE TO RENEW YOUR CURRENT LICENESE

Your license to act as an Insurance Premium Finance Company EXPIRES ON JUNE 30. If you wish to renew it, return this application, completed and signed, to the Insurance Department, together with your check or money order for \$50.00 made payable to the Treasurer, State of Connecticut.

- 1) Does your Insurance Premium Finance Company have employees in Connecticut?:
 Yes____ No_____

If you answered yes to the above question, please enclose a current certificate of worker's compensation insurance (31-286A CGS).

2) **FINANCIAL STATEMENT:**

The following is a true and correct statement of the current financial condition of the applicant Premium Finance Company as of _____.
 (date)

NOTE: The following balance should include the accounts of the Premium Finance Company and exclude amounts owned by parent or affiliated agencies.

Assets: _____ Liabilities: _____

Surplus: _____

Total: _____ Total: _____

- 3) If partnership, association or corporation, please list partner, member, or officer changes below.

<u>Full Name</u>	<u>If Officer, Title</u>	<u>Residence Address</u>	<u>Business Address</u>	<u>Occupation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4) If Corporation, please list changes in directors.

<u>Full Name</u>	<u>If Officer, Title</u>	<u>Residence Address</u>	<u>Business Address</u>	<u>Occupation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5) If there are no changes listed in items #3 or #4, sign, date and notarize below. If there are changes listed in items #3 or #4, sign, date and notarize below, and then complete item 6 on the following page for each individual reporting a change of information.

I, the applicant and or the new individual, partner, director, member, officer, manager named above 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

USE EXTRA SHEETS IF NEEDED

6) **BIOGRAPHICAL AFFIDAVIT:**

Complete this page only if there are changes listed in items #3 or #4. Give the following information as to each new individual applicant, and if the applicant is a partnership or corporation, each new individual partners, member, officer, director and/or manager. If needed, attach extra sheets.

- A. Full Name _____ Title _____
- B. Date of Birth _____ Place of Birth _____ Sex _____
- C. Resident Address _____
- D. Present Occupation _____
- E. Employer _____
- F. Are you licensed as an insurance agent? _____ If so, where and what kind of license and for what lines of Insurance? _____
- G. Give name of any state where you are now and have been licensed to finance insurance premiums. _____
- H. 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 sub-division thereof, or any other jurisdiction? _____ If yes, give all details:

- I. 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 yes, give all the details:

I, the applicant and or the new individual, partner, director, member, officer, manager named above 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

USE EXTRA SHEETS IF NEEDED