



Premium Finance Company

License Instructions

Complete and return the license application form with the required attachments. For an initial registration to be complete, all of the required information must be included. An incomplete and incorrect application will result in the return of your application and possible denial.

Refer to **Title 31, Chapter 11 of the District of Columbia Code** for the statutes that apply to licensing, premium finance agreements, charges and fees. You can access D.C. laws at dccouncil.us/legislation.

If you have any questions, contact:
Department of Insurance, Securities and Banking
Willie Hicks (202) 442-7814 or Willie.Hicks@dc.gov
LuCynthia Jordan-Robinson (202) 442-7813 or LuCynthia.Jordan@dc.gov
Fax number: (202) 354-1084

**Submit completed application and check to D.C. Treasurer, P.O. Box 712180,
Philadelphia, PA 19171-2180.**

Each application for an original license as an Insurance Premium Finance Company shall be made on the attached form entitled "Application for License as an Insurance Premium Finance Company."

Each application for an original license as an Insurance Premium Finance Company shall be accompanied by the attached form entitled, "Biographical Questionnaire". A separate form shall be completed and executed:

- In the case of a sole proprietor, by the sole proprietor, or
- In the case of a partnership, by each partner, or
- In the case of a corporation, by each officer, director and owner of more than 10% of the outstanding shares of stock.

If company is a corporation or limited liability company, you must furnish copy of documentation authorizing the transaction of business in the District of Columbia. This documentation may be obtained by contacting:

The Department of Consumer and Regulatory Affairs
Corporation Divisions
1100 4th Street, SW
Washington, DC 20024
(202) 442-4400

The License fee for an Insurance Premium Finance Company is \$150 and may be renewed annually on the 1st day of May upon payment of a renewal fee of \$150. Make check payable to the D.C. Treasurer and send to the above address.

**APPLICATION FOR LICENSE AS AN
INSURANCE PREMIUM FINANCE COMPANY**

TO THE INSURANCE COMMISSIONER OF THE DISTRICT OF COLUMBIA:

Application is hereby made for a license to operate an insurance premium finance company.

Telephone Number	Fax Number	Federal Tax Identification Number

1. Company Name:

2. Address at which application will conduct business under license:

a) Address of principal place of business within States:

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

c) If applicant is a foreign proprietorship, partnership or corporation, address of principal place of business:

3. Applicant is Individual Proprietor
 Partnership
 Corporation
 Other (specify)

4. If applicant is a corporation (attach Certificate of Incorporation).

a) State of Incorporation:

b) Date of Incorporation:

c) If a foreign corporation, name and address of Agent for Service of Process in the District of Columbia:

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

6. State whether 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

7. If applicant is a partnership:

a) State whether general partnership or limited partnership:

b) Give names and addresses of all "partners specifically identifying limited Partners if any:"

8. If applicant is a corporation, trust or other entity, other than a partnership, of which ownership is manifested by shares, identify each type of shares and state:

a) Number of shares authorized:

b) Number of shares outstanding:

c) Par value:

d) Give name, residence address, title and number and percent of shares directly or beneficially owned by every officer and director and every person, firm or corporation owning or controlling 10% or more of the shares of each type:

Name	Residence Address	Title	Percent of Shares

e) Are any of the principals licensed as an insurance producer?

Yes No

If yes, state where and with what authority.

9. Attached current certified annual financial statement, which is as of the following date:

10. In addition to be an insurance premium finance company, the following additional business will be conducted at the address of the applicant:

11. If applicant or any subsidiary, affiliated or associated insurance premium company has more than one place of business, give the name and address of each:

12. If the appropriate answer is "Yes" to any of the following questions concerning the applicant, manager, any officer, director, owner or beneficial owner of 10% or more of the shares, complete details must be given including name, address, disposition of charges, etc.

Have any of the above:

a.) Applied previously in this State for a license to engage in the business of insurance premium financing?

Yes No

b.) Received a rejection, revocation or suspension of license under laws of this State governing insurance premium or other customer financing?

Yes No

c.) 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

d.) Received a revocation or suspension of any license, been convicted or entered a plea of guilty, or nob contendere with respect to any law or regulation relating to the business of insurance?

Yes No

e.) Been arrested, indicted, convicted, entered a plea of guilty or nob contendere with respect to a State or Federal offense in this or any other State?

Yes No

f.) Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship?

Yes No

g.) Do any of the above now 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

h.) Have you ever been charged with or accused of any irregularities in money transactions including, but not limited to, the giving of worthless checks and, exclusive of all traffic violations are you presently charged with, or have you ever forfeited collateral for, or been convicted of, any offense whatsoever against the laws of the District of Columbia, the United States Government, or any other jurisdiction?

Yes No

Please attach the following documents.

Copies of all forms to be used, including but not limited to, Premium Finance Agreement, Ten Day Notice of Intent to Cancel, Cancellation Notice to insured Notice to insured, Rate Chart and Request to Company for Cancellation.

Corporate Title

Signature of Officer

Printed Name

Title

Date

I swear that the foregoing statements and answers are true to the best of my information, knowledge and belief.

IN WITNESS WHEREOF I have hereunto set my hand this [] day of [], 20 []

By _____

By _____

By _____

By _____

District of Columbia, SS:

I [] a notary public in and for [] do hereby certify that each person, namely, [] []

[] [] []

[] [] []

Whose name is signed on the foregoing application bearing date of the [] day of [], 20 [] personally appeared before me in said

[], executed the foregoing application in

my presence and, an oath made before me, acknowledged the same to be his act and deed.

Given under my hand and seal the [] day of [], 20 []

Notary Public

My Commission expires []

BIOGRAPHICAL QUESTIONNAIRE FOR PREMIUM COMPANIES

1) COMPANY NAME:

2) OFFICE HELD:

3) INDIVIDUAL'S NAME:

DATE OF BIRTH: PLACE OF BIRTH:

4) CURRENT RESIDENTIAL ADDRESS:

5) CURRENT BUSINESS ADDRESS:

6) RESIDENTIAL ADDRESS FOR PAST FIVE YEARS:

A)	<input type="text"/>
B)	<input type="text"/>
C)	<input type="text"/>
D)	<input type="text"/>
E)	<input type="text"/>

7) EDUCATION (BEYOND HIGH SCHOOL):

8) EMPLOYMENT HISTORY. (BEGINNING WITH CURRENT EMPLOYER AND ACCOUNT FOR ALL TIME FOR THE PAST FIVE YEARS. INCLUDE DATES OF EMPLOYMENT, NAME AND ADDRESS OF COMPANY, POSITION HELD AND DUTIES):

NAME	FROM	TO	POSITION HELD	DUTIES
ADDRESS				
NAME				
ADDRESS				
NAME				
ADDRESS				
NAME				
ADDRESS				
NAME				
ADDRESS				

BIOGRAPHICAL QUESTIONNAIRE FOR PREMIUM COMPANIES

9) LIST ANY OTHER COMPANIES YOU NOW SERVE, OR WITHIN THE PAST FIVE YEARS HAVE SERVED, AS EITHER AN OFFICER OR DIRECTOR. (LIST COMPANY, POSITION AND DATES)

COMPANY	POSITION	DATES

10) HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL VIOLATION (OTHER THAN A TRAFFIC OFFENSE AT ANY TIME)? IF YES, PROVIDE COMPLETE DETAILS.

Yes No

11) HAVE YOU EVER HELD ANY OTHER LICENSE (EXCEPT A DRIVER'S LICENSE)? IF YES, PROVIDE DETAILS. AS TO ANY SUCH LICENSE WHICH WAS EVER SUSPENDED, REVOKED, OR RENEWAL REFUSED.

Yes No

12) HAVE YOU EVER BEEN CHARGED BY ANY REGULATORY AGENCY, CITY, COUNTY, STATE OR FEDERAL, WITH HAVING VIOLATED ANY LAWS, RULES OR REGULATIONS?

Yes No

HAS ANY COMPANY BEEN SO CHARGED, ALLEGEDLY AS A RESULT OF ANY ACTION OR CONDUCT ON YOUR PART?

Yes No

IF "YES", AS TO EITHER, SUBMIT FULL DETAILS INCLUDING DISPOSITION OF CHARGE.

DATE: _____

SIGNATURE _____

STATE OF []

COUNTY [], SS

ON THE [] DAY OF [], [] BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE AND COUNTY AFORESAID, PERSONALLY APPEARED [] TO BE KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE AFOREGOING AND DID MAKE OATH IN DUE FORM OF LAW THAT THE MATTERS AND FACTS CONTAINED IN THE AFOREGOING RESUME ARE TRUE AND CORRECT.

NOTARY PUBLIC