



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Premium Finance Company Renewal Application

Name: _____

Business Address: _____

Mailing Address: _____

Contact Person: _____ Phone: (____) _____

Email: _____

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

This is the ONLY notice you will receive to renew your current license.

Your license to act as an Insurance Premium Finance Company will **EXPIRE on JUNE 30, 2017**. If you wish to renew it, return both applications, completed and signed, to the Insurance Department, together with your check or money order for **\$50.00**, made payable to: "**Treasurer, State of Connecticut.**"

1. Does the Applicant intend to conduct the premium finance business under any other name(s)? If so, please provide the name under which premium finance operations will be conducted:

2. If a fictitious name is to be used to conduct the premium finance business, has the applicant complied with the notification requirements of C.G.S. section 35-1?

3. State whether applicant is an individual, partnership, association or corporation. Please provide the legal entity name if different from #1 above:

4. 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)

5. If partnership, association or corporation, please list partner, member, or officer changes below.

Name	If officer (title)	Resident Address	Business Address	Occupation

6. If Corporation, please list changes in directors.

Name	If officer (title)	Resident Address	Business Address	Occupation

If there are no changes listed in items #5 or #6, sign, date and notarize below. If there are changes listed in items #5 or #6, sign, date and notarize below, and then complete item #7 (Biographical Affidavit) 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

7. **Biographical Affidavit:**

Complete this page only if there are changes listed in items #5 or #6.

Give the following information as to each new individual applicant, and, if the applicant is a partnership or corporation, each new individual partner, 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? Yes___ No___

If so, where, 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? Yes___ No___

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? Yes___ No___

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

Department Contact: Email: alan.sundell@ct.gov Phone: (860) 297-3821 Fax: (860) 297-3978
Regular Mail: State of CT, Insurance Dept., Attn: Maura Welch, PO Box 816, Hartford, CT 06142-0816
Overnight Mail: State of CT, Insurance Dept., Attn: Maura Welch, 153 Market Street, 7th Floor, Hartford, CT 06103