



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 the NIPR warehouse 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:

You should have already completed the NIPR online application by going to nipr.com. Under Licensing Center, select "Apply for a License."

Retain the 9-digit NIPR transaction number.

Complete each section of this application; sign, date and notarize.

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. Attach completed forms to the [NIPR warehouse](#).

Please note that all forms must be notarized where indicated.

Sincerely,

Premium Finance Company Licensing Staff

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.

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

2. Name of Applicant _____

a. Federal Employer Identification Number ('FEIN') _____

b. List any trade names under which you are currently doing business or intend to do business:

3. Address of principal office _____

4. Address of Connecticut branch office(s)

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.

Full Name	Title	Residence	Business	Occupation

8. If corporation, list names, business and home addresses of all directors. USE ADDITIONAL SHEETS IF NECESSARY
Address

Full Name	Title	Residence	Business	Occupation

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. Resident 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 sub-division 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, holding 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



STATE OF CONNECTICUT
INSURANCE DEPARTMENT
Power of Attorney - Corporation
Premium Finance Company

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 & 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/her 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 (Name of Corporation)

may be served in any action or proceeding against said Corporation 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 said 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.

SEAL

Signature of President

Signature of Secretary

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 - LLC

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 & 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 their successor in office, his/her true and lawful attorney in and for the State of Connecticut, on whom all process of law, whether mesne or final, again said _____
(Name of LLC)

may be 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. _____

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 _____ 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 _____ desiring to conduct
(Street & Number, City, State, Zip Code)

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
_____. May be served in any action or proceeding
(Trade Name of Partnership)

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

_____.
(Trade Name of Partnership)

Have hereunto set our hands and seals this _____ day of _____ A.D. 20_____.

_____. L.S
_____. L.S
_____. L.S
_____. L.S
_____. L.S
_____. L.S

State of _____

SS. _____

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 _____ 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