



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Premium Finance Company Renewal Application – Part 2

1. You should have already:
Completed the NIPR online application by going to nipr.com. Select “Renew an Existing License.”
Retain the 9-digit NIPR transaction number.
Complete each section of this application; sign, date and notarize.
2. Confirmation of the renewed license:
NIPR will send an initial email notification showing the fee has been processed.
Once the renewed license has been approved, the Department will send a second email with instructions on how to PRINT the updated license.

The Department does not issue hard copies of licenses.

Failure to renew on time:

If you fail to complete both renewal applications and pay the renewal fee by the June 30th expiration date, your license will cancel for non-renewal. There is no grace period.

After June 30th, you will be required to reinstate with an online application through NIPR and \$100.00 fee.

3. Email completed forms to: cid.licensing@ct.gov

Attn: Premium Finance Company Renewal. Be sure to include the NIPR transaction number.

(Section A) Print or Type:

Company Name: _____

9-digit NIPR Transaction Number: _____

Date of Application: _____

Connecticut License Number or National Producer Number (NPN): _____

Contact Person Name and Title: _____

Contact Person Phone: _____ (Extension): _____

Contact Person Email: _____

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

(Section B) Print or Type:

1. Does the Applicant intend to conduct the premium finance business under any other name(s)?

Yes No

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. If you need additional space complete on a separate sheet of paper. (Include the following: Name, Title (if an officer), Resident Address, Business Address, Email and Occupation.)

6. If Corporation, please list changes in directors. If you need additional space complete on a separate sheet of paper. (Include the following: Name, Title (if an officer), Resident Address, Business Address, Email and 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

(Section C) 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: _____ Gender: _____

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: cid.licensing@ct.gov
Fax: (860) 297-3978
Attn: Premium Finance Renewals