



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 this Department with the required application fee for a license 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: Answer all questions fully. If applicant is a partnership or corporation, each individual partner, member, officer, manager and stockholder with an ownership interest exceeding 10%, must also complete questions 12 through 14 which are to be submitted with and attached to the original application.
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. Application Fee: A \$100.00 check, made payable to "Treasurer, State of Connecticut" should be included with the application. The fee will be returned to the applicant if the license is not granted.

Please note that all forms must be notarized where indicated.

Sincerely,

Licensing Division



**State of Connecticut Insurance Department
153 Market Street
P.O. Box 816
Hartford, CT 06142-0816**

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. A CURRENT CERTIFICATE OF WORKER'S COMPENSATION INSURANCE (C.G.S., PA 86-87) MUST BE ATTACHED.

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

2. Name of Applicant _____

2a. Federal Employer Identification Number ('FEIN') _____

3. Address of principal office

No.	Street	City/Town	State	Zip Code
-----	--------	-----------	-------	----------

4. Address of Connecticut branch office(s)

No.	Street	City/Town	State	Zip Code
-----	--------	-----------	-------	----------

No.	Street	City/Town	State	Zip Code
-----	--------	-----------	-------	----------

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 _____

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. Residence 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 subdivision 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, holdings 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

Make check payable to: Treasurer, State of Connecticut



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

POWER OF ATTORNEY

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 and 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 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 may be

(Name of Corporation)

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 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 samid 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___.

President L.S.

SEAL

Secretary L.S.

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

KNOW ALL MEN BY THESE PRESENTS:

That the (Name of LLC)

Organized under the laws of

and with its principal place of business at (Street and 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 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 may be

(Name of LLC) 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. (City or Town) (Date)

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 _____

_____ to 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 _____

(Street and Number) (City) (State) (Zip Code)

desiring to conduct 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 _____

(Trade Name of Partnership)

May be served in any action or proceeding 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
_____ Have hereunto set our hands and seals this

(Trade name of partnership)

_____ day of _____ A. D. 20____.

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

State of

SS. _____

County of _____

(City or Town)

(Date)

I, _____, a Notary Public in and for the State of _____ do hereby certify that on the _____ day of _____ 2_____, personally appeared before me _____

to 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)