

**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord NH 03301
(603) 271-2241 Fax (603) 271-7029



**PREMIUM FINANCE COMPANY
LICENSE APPLICATION**

License Fee \$200

Make checks payable to Treasurer, State of NH

Application is hereby made on behalf of the applicant herein named for a license authorizing it to transact business in New Hampshire as a Premium Finance Company through duly licensed producers. RSA 415-B.

1. Name of Applicant_____

2. Principal Business Address_____

3. Mailing Address_____

4. Address where applicant will engage in premium finance business in New Hampshire_____

5. Type of Ownership:

Proprietorship

Corporation

Partnership

Other (Specify)_____

6. Names, address and positions of: Owners, Partners and principal employees if Proprietorship or Partnership, directors and principal officers if Corporation:

NAME/TITLE

BUSINESS ADDRESS

RESIDENCE ADDRESS

NAME/TITLE	BUSINESS ADDRESS	RESIDENCE ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If a Corporation, list the names, addresses and stock ownership of each stockholder owing more than 10% of any of the issued shares of the Corporation of any class.

NAME	ADDRESS	PERCENT OWNERSHIP	CLASS OF STOCK
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8. Complete if the applicant or any person listed in response to question 6 is licensed as an insurance producer:

(a) The following people are licensed as a producer in this state as follows:

(List all licenses currently in effect or expired, stating license number, date of issuance and duration)

(b) Has any insurance license issued to the applicant or any person listed in response to Question 6 ever been refused, revoked or suspended or otherwise withheld or been subject to a fine or other disciplinary action, in this state or in any other state or jurisdiction? _____
(If "yes", give a full explanation on a separate sheet.)

9. No other business will be conducted on licensed premises except as follows:

10. Applicant will make available all books, records, accounts and documents at:

11. Has any person listed in response to question #6 been arrested or convicted of any crime, which has not been annulled by a court? _____

(If “yes”, give a full explanation on a separate sheet.)

12. Contingent Liability – The undersigned has (have) no contingent liabilities as endorser, guarantor, or otherwise, except the following (give details).

13. Are there any suits, judgments or other legal actions outstanding or pending against the undersigned? To the best of the undersigned’s knowledge no legal actions are to be started against the undersigned, except as follows:

Please submit the following:

1. The current Audited Financial Statement certified by a Certified Public Accountant of the applicant and made part of this application in accordance with RSA 415-B:5, III. (Consolidated Statements are not acceptable.)

2. Attach all that apply:
 - a. Certificate of incorporation or formation issued by appropriate state agency.
 - b. Current Certificate or registration as a foreign entity issued by the NH Secretary of State.
 - c. Certified copy of Charter or Bylaws.
 - d. Certified copy of Operating/Partnership Agreement
 - e. Other Organization formation documents not listed above.

Note: Foreign corporations, LLC’s, LLP’s and partnerships must provide copy of their home state registration and proof of registration as a foreign entity with the NH Secretary of State.

3. List other states or other jurisdictions in which the applicant is licensed to finance premiums.

4. Copies of all documents, including premium finance agreements, schedules of service and delinquency charges showing the annual interest rates charged, which the applicant plans to use in the State of New Hampshire.

5. Annual License fee of \$200.00 in accordance with RSA 415-B:2 II. Application, all attachments and the fee must be submitted prior to July 1st to renew the license.

6. Insurance Coverage – Fidelity Bond: Partners, Officers, Employees \$ _____
Indemnity Coverage. Attach copy of declaration page.

SUPPLEMENTARY SCHEDULES:

- a. List of all bank accounts, including savings, name and location of bank, balance, loans, if any, endorsed, guaranteed or secured.

- b. List securities owned (stocks, bonds, etc. but not mortgages) par value of shares, description, cost and present market value.

- c. List real estate owned – mortgage payable, location & description, cost, assessment value, estimated value, mortgages and due.

- d. List notes payable – due to Principals (partners, stockholders, officers and others),
Due to, amount, due date, due to, amount and due date.

The undersigned deposes and says that they have duly executed this application dated _____

for and on behalf of _____
Name of firm or corporation

and that they hold the executive positions of _____
Title

and _____ of such company; and
Title

that they are authorized to execute and file this application. Deponents further state they are familiar with this instrument, including all documents and laws related to this application and the contents thereof, and that the facts herein set forth are true to the best of their knowledge, information and belief and they hereby certify

that _____ is in compliance with all legal and
Name of firm or corporation
fiscal requirements, including those found in NH RSA 415:B.

Signature _____ Signature _____

Print Name _____ Print Name _____

Notary Information

State of _____

County of _____

On this _____ day of _____ in the year _____, before me, personally appeared

_____ and _____ known to be
Person's name Person's name

the _____ and _____
Title Title

of the above named organization, and who being duly sworn according to law, did depose and say that we read, signed, and are knowledgeable regarding the contents of the foregoing application and, including all related documents, represents that they are authorized to sign this document on behalf of the organization and that the statements contained in this application are true and complete.

Notary Public _____

My Commission Expires _____