



**APPLICATION FOR LICENSE
AS A PREMIUM FINANCE COMPANY**

(Before filling out this form read the instructions carefully. All answers should be printed or typed. If additional space is required to complete any statement, prepare and annex a rider. Write "none" or "not applicable", where appropriate.)

_____, 20____

To The Superintendent of Financial Services of the State of New York:

The undersigned, desiring to engage in business as a Premium Finance Company pursuant to the provisions of Article 12-B of the Banking Law of the State of New York, does hereby make application for a license in accordance with its terms.

1. The name of the applicant is, include any trade name, under assumed name (UAN) or doing business as (DBA) name _____

Type of Application is: (Check type)

De Novo (new licensee) Additional Branch
Change of Control

Form of Organization of Applicant is: (Check type of entity in which business will be conducted)

Individual Partnership Corporation
Association Limited Partnership Limited Liability Company

2. (a) The street number, city, county and zip code where the applicant proposes to conduct the business of a premium finance company.

(b) The address of the principal place (headquarters location) of business of the applicant is _____

(c) The applicant's relevant books, records, accounts, and documents are available for examination by the Department at _____

3. The applicant was formed under the laws of the State of _____
 on _____ 20____.

Please attach the following documents, as applicable.

- a) If the applicant is a corporation - a copy of the Certificate of Incorporation, including any amendments.
- b) If the applicant is a limited liability company - a copy of the Articles of Organization.
- c) If the applicant is a partnership - a copy of the Partnership Certificate.
- d) If the applicant is conducting business under an assumed name - an Assumed Name Certificate.
- e) If applicant is a foreign entity - copy of its Authority to Do Business in NYS
- f) A copy of the filing receipt(s).
- g) Corporate By-Laws or Operating Agreements, or Partnership Agreements as applicable.

See instructions for applicable business incorporation/organization documents that must be submitted along with the application.

4. Please submit a business plan with the application.

5. The following information is required of the applicant and/or principals and/or formally designated contact individual(s). Information provided should include: company website, overall contact name, title, telephone and fax numbers, e-mail and mailing addresses. _____

Provide supplemental pages as needed.

6. A pro forma balance sheet as of the start of business.

<u>Assets</u>		<u>Liabilities/Equity</u>	
Cash on Hand	\$ _____	Accounts Payable	\$ _____
Checks on Hand	\$ _____	Short Term	\$ _____
Short Term Investments	\$ _____	Total Current Liabilities	\$ _____
Total Current Assets	\$ _____	Long Term Debt	\$ _____
		Total Liabilities	\$ _____
		Total Equity	\$ _____
Total Assets	\$ _____	Total Liabilities and Equity	\$ _____

7. Please provide an income and expense statement projected for the first year of operation.

8. Capital Structure (for a corporation)

	Number of Shares Authorized	Par Value	Number of Shares Outstanding
Common Stock			
Preferred Stock			

9. Names and addresses of the applicant's officers, directors, shareholders, associates and/or agents, use additional pages if necessary:

Name	Residence	Title	Class	Number of Shares Held or % of ownership

10. Names and addresses of the applicant's other key employees, use additional pages if necessary:

Name	Residence	Position	Date Employed

11. Additional financing for the proposed premium finance business will be provided by:

12. The applicant has one or more branches, subsidiaries or affiliates and their complete names and addresses of their places of business are:

Name	Address

13. Please include a notarized statement stating that the location is in compliance with local zoning regulations. (Please see Zoning Affidavit.)

14. Please submit a notarized statement stating that the business will abide by and establish procedures to ensure compliance with the privacy provisions of Title 5 of the Gramm-

Leach-Bliley Act of 1999 and the regulations promulgated there under by the Federal Trade Commission, which are found in 16 CFR Part 313. (Please see Privacy Affidavit.)

15. Please submit a background report for each officer, director, stockholder, owner or partner who has not been previously registered with the New York State Department of Financial Services (DFS).

(Note: If the answer to Questions 16 through 18 is "Yes," attach a separate statement(s) giving complete details.)

16. Has any officer, director, stockholder, associate, agent or employee ever been arrested or indicted for any felony or other crime in any jurisdiction?

(Yes/No) _____

17. Has any director, officer or principal stockholder, associate, agent or employee ever been convicted (including any conviction based on a plea of guilty and any conviction on which sentence has been suspended) of any felony or other crime in any jurisdiction: (Separately detail name, date and place of conviction, crime and sentence.)

(Yes/No) _____

18. (a) Has the applicant, directors or principal stockholders currently or have been licensed as a premium finance company in any other state as follows: (Separately detail the name of licensee, licensed period and licensed location):

(Yes/No) _____

- (b) Was any license suspended or revoked? (Separately detail the date of suspension or revocation and the reason(s).)

(Yes/No) _____

19. The following material must be submitted for each individual listed in Question 9 who has not been previously registered with the Department:

- a) For individuals residing in New York State – a fingerprint receipt from L-1 Enrollment Services.
- b) For Individuals residing outside of New York State - a set of completed fingerprint cards, a receipt indicating where these fingerprints were taken, and a check payable to "L-1 Enrollment Services" for each set of fingerprints filed.

20. Enclosed is a check, payable to the "Superintendent of Financial Services" for \$_____ representing the application investigation fee. (This amount is non-refundable.)

(Name of applicant)

By: _____
President

Attest _____
Secretary

Affix corporate seal
(If none, so indicate)

State of _____ }

ss.:

County of _____ }

On this _____ day of _____ in the year 20 _____,
before me personally appeared _____, to me known, who,
being duly sworn, according to law, did depose and say that she/he resides at
_____; that she/he is the president of the
corporation described in, and which executed the above instrument; that she/he knows the seal
of said corporation; that the seal affixed to said instrument is such corporate seal, that it was so
affixed by order of the Board of Directors of said corporation; that she/he signed her/his name
thereto by like order; and that he/she has read the foregoing instrument and knows the contents
thereof, and that the same are true and complete.

Notary Public

AFFIDAVIT

State of: _____

County of: _____

The undersigned, _____, being duly
(Name)

sworn, depose and state that:

- a. I am the of _____ of _____
(Title) (Name of Corporation)
- b. In my capacity as such, I have submitted the above application.
- c. No person other than those listed above will have any interest or invest any funds or share in the management or profits of the corporation.
- d. All statements in the foregoing application are true, correct and complete to the best of my knowledge.
- e. I understand that false statements made under oath in this application may result in the suspension or revocation of this premium finance company license.

(Signature)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)