

Vermont... Insurance Division 802•828•3301

Department of Banking, Insurance,
Securities and Health Care Administration
89 Main Street, Montpelier, VT 05620-3101

VERMONT APPLICATION FOR A LICENSE AS AN INSURANCE PREMIUM FINANCE COMPANY

Return this form to:

**Vermont Dept. of Banking, Insurance,
Securities and Health Care Administration
ATTN: Company Licensing Division
89 Main Street
Montpelier, VT 05620-3101**

Application is hereby made for a license as an insurance premium finance company under Title 8, Chapter 143, Vermont Statutes Annotated.

1. Name and FEIN # of applicant:

(Complete name under which business is to be conducted)

Note: Applicants doing business in Vermont under any name other than their own are required to make certain filings in accordance with Title 11, Chapter 15, Vermont Statutes Annotated. Attach documentary evidence indicating compliance with these requirements.

2. The business premises of the applicant are located at:

(Number and Street) (Municipality)

(County) (State and Zip Code)

3. Principal place of business (incorporation, et cetera) of the applicant (if other than 2. Above):

4. Type of organization:

(Sole proprietorship, partnership, corporation, et cetera)

5a. If incorporated, specify state and date of incorporation:

(State) (Date)

5b. If a foreign corporation, specify date of qualification to do business in Vermont:

5c. Attach documentary evidence indicating compliance with the Statutes of Vermont relating to foreign corporations.

6. Identifying information regarding the owner or partners or (if a corporation, association, et cetera) all directors, trustees, and principal officers: Full Principal Active; Legal Resident Occupation(s); Name Position/Title Address (if any); (Attach additional sheets as necessary).

7. Will any other business(es) be conducted at the business premises of the applicant? If so, provide explanation/details: _____

8a Name, title, and resident address of the manager/officer in charge of the business premises of the applicant:

(Name/Title) (Residence Address)

8b. Employment history of manager/officer during the last ten (10) years: From – To; Name of Employer; Employer's Address; Position (attach additional sheets as necessary).

9. Applicant is, or at any time was, engaged in the business of an insurance premium finance company in the following states:

10. Has any license or application of this applicant, or any owner, director, officer, partner, or employee of this applicant, been suspended or revoked in any state?

____ Yes

____ No.

If yes, provide complete details and attach copies of all relevant documents related thereto: _____

11a. The amount of funds available for the applicant's operation of the business is: \$ _____; as of: _____ (Date).

11b. Such funds have been verified by an audit? _____ Yes _____ No. If yes, who performed the audit? _____

If no, said funds can be verified by contacting: _____

12. Has the applicant or any owner, director, officer, partner, or employee of the applicant been convicted of violating any of the provisions of the Vermont Statute(s) relating to the financing of insurance premiums, or the provisions of any similar statute(s) of any other state(s)? _____ Yes _____ No. If yes, provide complete details (also attach copies of all documents relating thereto):

13. Has the applicant or any owner, director, officer, partner, or employee of the applicant been convicted of any criminal or civil offense (other than traffic or motor vehicle) of any nature in this or any other state? _____ Yes _____ No. If so, provide complete details (also attach copies of all documents related hereto):

14. If the applicant is a corporation, is any part of the outstanding capital stock owned or controlled by any other corporation? _____ Yes _____ No. If yes, specify the name(s) and address(es) of principal business office(s) of such other corporations(s) and the percentage(s) of such stock owned or controlled thereby:

Name: _____

Address: _____

(Principal Business Office)

Percentage of stock of applicant owned or controlled: _____

(Attach additional sheets as necessary)

15. Attach hereto and make a part hereof:

a) Copies of all organization papers and amendments, duly certified as being true and correct copies (not applicable for individuals).

b) Signed financial statement of the applicant.

c) Brief outline of the training, education and/or business experience of each manager, officer and director of a corporation, members of a partnership, or the proprietor.

16a. Name and address of the primary banking reference(s) for the applicant:

16b. Name four or more business references (with addresses) for each manager, officer, or director of a corporation, members of a partnership, or the proprietor. Name; Street and Number; City and State (Please use separate sheet).

16c. Enclose with this application a \$200.00 check if currently licensed as a "Licensed Lender" (under Title 8 V.S.A., Chapter 73) for the license and investigation fee. (Make check payable to the Commissioner of Banking and Insurance, State of Vermont).

SIGNATURE(S) OF (OR ON BEHALF OF) APPLICANT

(Check applicable space below)

____ Proprietorship _____

(Individual Proprietor)

____ Partnership _____

By: _____

(General Partner) (General Partner) (General Partner)

____ Corporation, et cetera _____

By: _____ Attest: _____

(President) (Secretary)

State of _____)

)

)

)

)

County of _____)

On this _____ day of _____ in the year _____, before me personally appeared _____ to me known, who being duly sworn according to law, did depose and say that he/she has read, signed, is knowledgeable regarding the contents of the foregoing application, including all attached documents, and represents that the statements contained in this application and all attached documents are true and complete.

(Notary Public)

Commission Expires _____