



State of Connecticut Insurance Department  
 153 Market Street  
 P.O. Box 816  
 Hartford, CT 06142-0816  
 ATTN: Brian Sinclair, 860-297-3893

Fee: \$50.00
--------------

Make check payable to: Treasurer, State of Connecticut

### Insurance Premium Finance Company License Renewal Application

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Federal Tax ID# Per C.G.S. 4a-79 \_\_\_\_\_

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

Your license to act as an Insurance Premium Finance Company **EXPIRES ON JUNE 30, 2013**. If you wish to renew it, return this application, completed and signed, to the Insurance Department, together with your check or money order for **\$50.00** made payable to: **Treasurer, State of Connecticut**.

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

Name	If officer (title)	Resident Address	Business Address	Occupation

6. If Corporation, please list changes in directors.

Name	If officer (title)	Resident Address	Business Address	Occupation

7. 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 #8 (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

8. **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 partners, member, officer, director and/or manager.

If needed, attach extra sheets.

A. Full Name \_\_\_\_\_ Title \_\_\_\_\_

B. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

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