



89 Main Street, Montpelier, VT 05620 - 3101
(p) 802-828-2470 | <http://www.dfr.CompLic@vermont.gov/>

VERMONT APPLICATION FOR A LICENSE AS AN INSURANCE PREMIUM FINANCE COMPANY

Return this form to:

Vermont Department of Financial Regulation
ATTN: Company Licensing, Insurance 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:

Street Address

City/State/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)

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

(State, Date)

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

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

8. Identifying information regarding the owner or partners or (if a corporation, association, et cetera) all directors, trustees, and principal officers:

| Full Legal Name | Position/Title | Principal Resident Address | Active Occupation(s) (if any) |
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(Attach additional sheets as necessary).

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

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

(Name/Title)

(Residence Address)

11. Employment history of manager/officer during the last ten (10) years:

| From – To | Name of Employer | Employer's Address | Position |
|-----------|------------------|--------------------|----------|
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(Attach additional sheets as necessary).

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

13. 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:

14. The amount of funds available for the applicant's operation of the business is:

Dollar amount

As of date

15. Have 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:

16. 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):

17. 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):

18. 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(s)

Address(es), Principal Business Office

Percentage of stock of applicant owned or controlled (Attach additional sheets as necessary)

19. 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.

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

21. Name four or more business references (with addresses) for each manager, officer, or director of a corporation, members of a partnership, or the proprietor. Please use separate sheet, formatted as below:

| Name | Street and Number | City and State |
|------|-------------------|----------------|
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22. Enclose with this application a \$200.00 check for the license and investigation fee. (Make check payable to Department of Financial Regulation, State of Vermont).

I AM A NATURAL PERSON AUTHORIZED TO SIGN ON BEHALF OF THE APPLICANT. I HAVE PERSONAL KNOWLEDGE OF THE INFORMATION IN THIS APPLICATION AND/OR HAVE EXERCISED DUE DILIGENCE TO CONFIRM THE ACCURACY OF THE INFORMATION IN THIS APPLICATION. I CERTIFY THAT BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS SUBMITTAL ARE TRUE, ACCURATE, AND COMPLETE.

Name

Date

Signature

Contact Email