

\$200.00 FEE



State of Tennessee
Department of Financial Institutions
414 Union Street, Suite 1000
Nashville, TN 37219
PHONE (615) 741-2236 FAX (615) 741-2883

APPLICATION TO BE LICENSED AS A PREMIUM FINANCE COMPANY

NAME OF BUSINESS

STREET ADDRESS CITY COUNTY STATE ZIP CODE

FEDERAL TAXPAYER ID NUMBER STATE WHERE ORGANIZED

TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS

HOME (MAIN) OFFICE: (LIST NAME, ADDRESS, TELEPHONE NUMBER)

ATTACH LIST OF OTHER OFFICE LOCATIONS AND IDENTIFY BY NAME AND ADDRESS ANY AFFILIATES DOING BUSINESS IN THE STATE OF TENNESSEE. IF NONE, SO STATE.

STATUS OF APPLICANT (Check appropriate box)

- An individual doing business under own name
SSN _____
Home Address _____
- An individual doing business under assumed or trade name
SSN _____
Home Address _____
- General Partnership
- Limited Partnership
- Limited Liability Company
- A corporation organized in TN
- A corporation organized in some other jurisdiction
- Other

NAME OF APPLICANT _____

Is applicant affiliated with any bank or bank holding company? If yes, identify by name and address: _____

Is applicant affiliated with any other lending institution or company? If yes, identify by name and address: _____

Name of Principals:

Business History:

Business Background of Principals:

Name and Address of all parties owning at least 5% interest, stating amount owned:

Has any stockholder or employee ever been convicted of a felony? Yes___ No___
If yes, explain fully:

INDIVIDUAL RESPONSIBLE FOR RESPONDING TO QUESTIONS RELATING TO THIS APPLICATION:

NAME TITLE

STREET ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER FAX NUMBER

Applicant hereby agrees to submit an annual report and to notify this Department of any interim changes:

CERTIFICATION

I hereby certify that this APPLICATION to operate as a premium finance company, under the provisions of TCA Title 56 Chapter 37 is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the APPLICATION.

SIGNATURE DATE

STATE OF _____

COUNTY OF _____

On this ___ day of _____, _____, before me, a Notary Public in and for the said County personally appeared _____ known to me to be said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

NOTARY PUBLIC

(NOTARY SEAL)

MY COMMISSION EXPIRES _____

\$200.00 FEE



State of Tennessee
Department of Financial Institutions
414 Union Street, Suite 1000
Nashville, TN 37219
PHONE (615) 741-2236 FAX (615) 741-2883

ANNUAL INSPECTION FEE OF PREMIUM FINANCE COMPANIES

To the Commissioner of Financial Institutions:

I, _____
(Name and Title of Officer)

(Name and Address of Home Office)

hereby certify upon oath that the said corporation, partnership, or individual, operates as a Premium Finance Company, under provisions of Section 4(a) of the Premium Finance act of 1980 (T.C.A. Title 56, Chapter 37)

(Name of Company)

(Address)

It will operate _____ Offices within the State of Tennessee.
No.

(SHOW ADDRESSES ON THE REVERSE SIDE)

There is hereby tendered the sum of \$200.00 for the above named company in payment of fees required by Section 3(b) paragraph (2) of the premium Finance Company Act of 1980 for the fiscal year July 1, ____ through June 30, ____.

MAKE CHECK PAYABLE TO THE DEPARTMENT OF FINANCIAL INSTITUTIONS

Witness my signature on this _____ day of _____, _____.

Signature of Officer, Partner, or Proprietor

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

My Commission expires: _____
Notary Public