

## Application for License as an Insurance Premium Finance Company

1. Company name \_\_\_\_\_  
If conducting business under an assumed business name, so indicate, and attach a certified copy of certificate of assumed business name required under KRS Chapter 365.  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Address at which applicant will conduct business under license:  
\_\_\_\_\_  
  - (a) Address of principal place of business within state:  
\_\_\_\_\_
  
  - (b) Address at which all books, records, accounts and documents relating to business in this State will be kept.  
\_\_\_\_\_
  
  - (c) If applicant is a foreign corporation, address of home office:  
\_\_\_\_\_
  
3. Applicant is     Individual Proprietor  
                           Partnership or Limited Partnership  
                           Corporation  
                           Other (Specify) \_\_\_\_\_
  
4. Attached hereto and made a part hereof are the following:  
(Check and complete one)  
 Certified copy of articles of association for a partnership  
 Certified copy of articles of association for a limited partnership, and limited partnership statement and affidavit required under KRS Chapter 362 together with proof of publication  
 Certified copy of articles of incorporation and certificate of incorporation for a domestic corporation  
 Certified copy of articles of incorporation and Kentucky Certificate of Incorporation for a foreign corporation  
 Certified copies of organic documents for formation of other firm
  
5. If applicant has engaged previously in the same or a similar business, provide details including name(s), address(es) and date(s) first commenced:  
\_\_\_\_\_  
\_\_\_\_\_

6. State whether applicant is directly or indirectly under common ownership, control, management or is otherwise affiliated or associated with any insurer, or any person, firm or corporation having or exercising control of an insurer.

Yes \_\_\_\_\_ No \_\_\_\_\_

(Supply complete details)

7. If applicant is a partnership

(a) State whether general partnership or limited partnership

(b) Give names and addresses of all partners specifically identifying limited partners, if any: \_\_\_\_\_

\_\_\_\_\_

8. If applicant is a corporation, trust or other entity, other than a partnership, of which ownership is manifested by shares, identify each type of share and state:

(a) Number of shares authorized: \_\_\_\_\_

(b) Number of share outstanding: \_\_\_\_\_

(c) Par Value \_\_\_\_\_

(d) Give name, residence address, title, number and percent of shares directly or beneficially owned by every officer, director and every person, firm, or corporation owning or controlling 10% or more of the shares of each type:

Name and residence address	Title	Number of shares (%)
----------------------------	-------	----------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Attach current, certified financial statement which is as of the following date:

\_\_\_\_\_

10. In addition to an insurance premium finance company, the following additional business will be conducted at the address of the applicant:

\_\_\_\_\_

\_\_\_\_\_

11. If applicant, or any subsidiary, affiliated, or associated insurance premium finance company has more than one place of business, give the name and address of each.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. If the appropriate answer is "Yes" to any of the following questions concerning the applicant, any officer, director, owner or beneficial owner of 10% or more of the shares, complete details must be given, including names, address, disposition of charges, etc. (Omit minor traffic offenses).  
Have any of the above:
- (a) Applied previously in this state for a license to engage in the business of insurance premium financing? \_\_\_\_\_
  - (b) Received a rejection, revocation or suspension of license under laws of this state governing insurance premium or other consumer financing? \_\_\_\_\_
  - (c) Received a rejection, revocation or suspension of license under an insurance premium financing law or regulation, or similar law or regulation of any other state? \_\_\_\_\_
  - (d) Received a revocation or suspension of any license, been convicted or entered a plea of guilty, or nolo contendere, with respect to any law or regulation relating to the business of insurance? \_\_\_\_\_
  - (e) Been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a state or federal offense in this or any other state? \_\_\_\_\_
  - (f) Been found by the commissioner of the Department of Insurance to have violated any of the provision of the Kentucky Insurance Code or any Regulation of the commissioner of the Department of Insurance? \_\_\_\_\_
  - (g) Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship? \_\_\_\_\_
  - (h) Does any of the above now hold a license to engage in the business of insurance premium financing or a similar or related business in any state, district or territory of the United States? \_\_\_\_\_
13. State whether applicant understands that the commissioner may revoke or suspend the license of any premium finance company upon finding that:
- (a) Any license issued to such company was obtained by fraud:  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - (b) There was any misrepresentation in the application for license:  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - (c) The holder of such license has otherwise shown himself untrustworthy or incompetent to act as a premium finance company:  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - (d) Such company has violated any of the provisions of the Kentucky Insurance Code:  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - (e) Such company has been rebating part of the service charge as allowed and permitted to any insurance agent or any employee of an insurance agent or to any other person as an inducement to the financing of any insurance policy with the premium finance company:  
Yes \_\_\_\_\_ No \_\_\_\_\_

14. It is understood that the proposed insurance premium finance company and each person required to file a biographical questionnaire are deemed to have appointed the Kentucky Secretary of State as their agent to receive service of all legal process issued against them in this state upon legal claims arising in the state.  
Yes \_\_\_\_\_ No \_\_\_\_\_
15. State whether applicant is fully familiar with the laws pertaining to insurance premium finance companies:  
Yes \_\_\_\_\_ No \_\_\_\_\_
16. State whether applicant is fully familiar with the regulations of the commissioner of the Department of Insurance pertaining to insurance premium finance companies:  
Yes \_\_\_\_\_ No \_\_\_\_\_
17. Attached is a check in the amount of \$500 made payable to Kentucky State Treasurer for the initial license fee.

VERIFICATION

County \_\_\_\_\_

State \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, being  
the \_\_\_\_\_ of the  
(Title, if a corporation)

\_\_\_\_\_  
(Name of the insurance premium finance company)

swear, (or affirm) subject to the penalties of perjury, that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements (if any), are true and complete.

By \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)