



Rev No: 5/02

Form No: GID-21

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

APPLICATION FOR A LICENSE AS AN INSURANCE PREMIUM FINANCE COMPANY

1. Company Name: _____
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 proprietorship, partnerships, or corporation, address of principal place of business:

 - (d) E-mail Address: _____
 - (e) Telephone Number: _____ EIN: _____
3. Applicant is:

()	Individual Proprietor
()	Partnership
()	Corporation
()	Other (specify)
4. If applicant is a corporation (attach Certificate of Incorporation)
 - (a) State of Incorporation: _____
 - (b) Date of Incorporation: _____
 - (c) If a foreign corporation, name and address of Agent for Service of Process in Georgia:

5. If applicant has engaged previously in the same or 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, or management or is otherwise affiliated or associated with any insurer, or any person, firm or corporation having or exercising control or an insurer.
Yes _____(Supply complete details)
No _____

7. If applicant is 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 partnership, of which ownership is manifested by shares, identify each type of shares and state:
(a) Number of shares authorized: _____
(b) Number of shares outstanding: _____
(c) Par Value: _____
(d) Give name, residence address, title and number and percent of shares directly or beneficially owned by every officer and director and every person, firm or corporation owning or controlling 10% or more of the share 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: (use additional pages, if necessary)

12. If the appropriate answer is "Yes" to any of the following questions concerning the applicant, manager, any officer, director, owner or beneficial owner of 10% or more of the shares, complete details must be given, including name, address, disposition of charges, etc.

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 under an insurance premium financing law or regulation, or similar law or regulation in 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? _____

(d) 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? _____

(e) Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship? _____

(f) Do any of the above 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? _____

AFFIDAVIT

County _____

State _____

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

(Name of the insurance premium finance company)

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

BY _____

Subscribed and sworn before me this _____ day of

_____, _____.

NOTARY PUBLIC