



Rev No: 11/01

Form No: GID-22

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

APPLICATION FOR RENEWAL LICENSE AS AN INSURANCE PREMIUM FINANCE COMPANY

FOR THE FISCAL YEAR _____

To the Commissioner of Insurance of the State of Georgia:

Licensee's Name _____

Street Address _____

City, State & Zip _____ Tel. No. _____

E-mail Address: _____ EIN: _____

NOTE: The name and address of the licensee as it appears above shall be the same as it presently appears on your license. If any of this information is incorrect, fill in the correct information in the correct information in the space provided below:

Licensee's Name _____

Street Address _____

City _____ State _____ Tel. No. _____

1. This is a renewal of license number _____, for the year _____.

2. (a) If this is a corporation, give name and address:

(b) Give names of Officers:

President: _____

Secretary: _____

Treasurer: _____

3. If this is partnership or proprietorship, give names of partners or proprietor:

4. Attached is check in the amount of \$300.00 limited powers or \$500.00 full power for annual license fee. (Check should be payable to "Commissioner of Insurance, State of Georgia").

AFFIDAVIT

County _____

State _____

I, _____, the undersigned,
being the _____ of the

(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