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| **COMMONWEALTH OF PENNSYLVANIA****INSURANCE DEPARTMENT** |
| **INSURANCE PREMIUM FINANCE COMPANY BUSINESS PLAN** |
| **Applicants may complete this form with attachments or provide a separate Business Plan** **conforming to this format.** |
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| (Name of Applicant) |
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| 1. | Name and Home Address of Parent Company (if applicable) (attach current financial statement): |
|       |
| 2. | Name and title of executive officer or name of corporation controlling administrative policies: |
|       |
| 3. | FOR INDIVIDUALS: List name and amount of investment (attach personal financial statement): |
|  | FOR PARTNERSHIPS: List names of partners and amount of investment (attach personal financial statement): |
|  | FOR CORPORATIONS: List names and officers, directors, and investors owning more than 10% of the applicant or the Parent Corporation (if a wholly owned subsidiary) with amount of investment for each (attach additional sheets if necessary): |
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| 4. | How will the applicant secure additional funds in the future, if needed? |
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| 5. | Where will books, notes, and other documentation necessary for examination of the insurance premium finance company be held? |
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| 6. | List any other businesses conducted at the applicant’s office by the applicant or any other entity: |
|       |
| 7. | List any other loan business licenses held in Pennsylvania or elsewhere: |
|       |
| 8. | List any other loan business licenses currently applying for in Pennsylvania or elsewhere: |
|       |
| 9. | List any applications for license that were rejected or licenses that were revoked, canceled or suspended for the applicant or any affiliate in Pennsylvania or elsewhere: |
|       |
| 10. | List any incident where the applicant or any affiliate has loaned money without a license: |
|       |
| 11. | The applicant will finance premiums for  | [ ]  | commercial business | [ ]  | personal lines  |
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| 12. | List rate of interest which will be charged, method of computation and details of plan of operation: |
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| **SIGNATURE AND CERTIFICATION** |
| COMMONWEALTH OF PENNSYLVANIASSCounty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print name and official title of signatories)who, being dully sworn according to law, depose and say that the statements contained herein are true and correct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sworn and subscribed to me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public |

REV. 01/08/2013