

**COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT**

Insurance Premium Finance Company Application

Type or Print - Complete All Necessary Information

To the Insurance Commissioner of the Commonwealth of Pennsylvania:

Application is hereby made for a license under the Act of Assembly of the Commonwealth of Pennsylvania, No. 224, approved the nineteenth day of December, A.D. 1984

Employer Identification Number: -	Place of Incorporation:	Incorporation/Formation Date: (mm/dd/yy)
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Full Legal Name of Applicant:

Place of Business:	Street (Required) (If applicable, include P.O. Box)		
	City	State	Zip Code

Affiliate: (If applicant is affiliated with a current licensee under the Insurance Premium Finance Act, insert the name below)

Capitalization (Minimum of \$50,000 for Authorized, Subscribed and Paid-In Capital):

Authorized Capital	Subscribed Capital	Paid-In Capital
\$	\$	\$

Share Value of the Stock of the Corporation is \$
(State par value of all classes. State book value on shares without par.)

Business Telephone Number: () -	Business Fax Number: () -
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Business Email Address:

Management:	(List all officers of the corporation)
President	
Vice President	
Treasurer	
Secretary	
Office Manager	

Employer Identification Number: ___ - ____	
Power of Attorney (for corporations only): The applicant, in pursuance of action taken at a regular meeting of the Board of Directors, does hereby appoint:	
Full Name	Residence Address
Post Office (Resident Agent must be an individual residing in Pennsylvania)	
it's true and lawful attorney and authorized agent upon whom all lawful process in any proceeding against it may be served and agrees that service of process on its attorney or agent herein named shall be of the same legal force and validity as if served upon it, the said corporation, and the authority for such service and process shall continue in force as long as any liability remains outstanding against it in the Commonwealth of Pennsylvania	
APPLICANT'S CERTIFICATION	
I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania regarding insurance premium finance company activities. (NOTE: False statements may result in criminal penalties, administrative enforcement action, or all of the aforementioned.)	
Notary Seal Subscribed and sworn before me on this _____ day of _____, 20 ____. _____ Signature Commission Expires:	_____ Officer/Partner Signature _____ Officer/Partner Name (print or type) _____ Officer/Partner Title (print or type)