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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): | | | | |
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| 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: | | | | |
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| 7. | List any other loan business licenses held in Pennsylvania or elsewhere: | | | | |
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| 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 |
|  |  | | | | |
| 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 PENNSYLVANIA  SS  County 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