

**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.**

(Name of Applicant)

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):
4. How will the applicant secure additional funds in the future, if needed?
5. Where will books, notes, and other documentation necessary for examination of the insurance premium finance company be held?
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

12. List rate of interest which will be charged, method of computation and details of plan of operation:

**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