

APPLICANT'S NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

## PREMIUM FINANCE COMPANY RENEWAL ADDENDUM

### INSTRUCTIONS

#### To renew your Insurance Premium Finance Company license:

1. Verify the name and license number on the License Renewal Notice.
2. Provide a copy of any new fictitious name filing from the Pennsylvania Department of State.
3. Attach a completed Biographical Affidavit for each officer, director and office manager that has not previously submitted such an affidavit.
4. Attach a copy of any amendments to the Articles of Incorporation that have not previously been filed with this Department.
5. Return the following, by the date specified, to the address on the License Renewal Notice: this renewal addendum, renewal fee, and any necessary attachments.

or

### RENEW ONLINE AT WWW.SIRCON.COM

6. We no longer mail licenses. Print a copy of your renewal license from our web site at [www.insurance.pa.gov](http://www.insurance.pa.gov) (click the Services for Producers & Other Licensees link on the left hand side of the home page and then click the Print Your License link).

### MANDATORY BACKGROUND INFORMATION

YES NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>1.</b> Since the last renewal, has any officer, director, manager, employee, agent or any person owning twenty percent (20%) or more of the applicant corporation, or of any affiliate of the applicant corporation, been associated in any capacity with a money lending organization in this Commonwealth or elsewhere whose application for license was rejected or whose license was suspended, canceled or revoked. <b>(If Yes, provide a full explanation on a separate sheet of paper.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>2.</b> Since the last renewal, has any officer, director, manager, employee, producer or any person owning twenty percent (20%) or more of the stock of the applicant corporation, or any affiliate of the applicant corporation, pled guilty, pled nolo contendere or been found guilty by a judge or a jury for violation of any law of Pennsylvania or elsewhere (excluding motor vehicle traffic laws). <b>(If Yes, provide a full explanation [provide date, name and address of court, description of charges and outcome on a separate sheet of paper.]</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>3.</b> Is there any dispute between the applicant's account and any company, agency or insured? <b>(If Yes, provide a full explanation on a separate sheet of paper.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>4.</b> Has the applicant maintained at least \$50,000 in net worth throughout the previous year? <b>(If No, provide a full explanation on a separate sheet of paper.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>5.</b> Has the form of the insurance premium finance agreement used in Pennsylvania been approved by the Department? <b>(If No, attach a copy of the form for review and approval.)</b>

### MANDATORY APPLICANT'S CERTIFICATION

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct. I understand 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 activity. **(Note: false statements may result in criminal penalties, administrative enforcement action, or all of the aforementioned.)**

\_\_\_\_\_  
Officer/Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer/Partner Name (printed or typed)

\_\_\_\_\_  
Officer/Partner Title (printed or typed)