



FOR DEPARTMENT USE ONLY

LICENSE NUMBER _____

LICENSE EXPIRES _____

PF

**State of Mississippi
Department of Banking and Consumer Finance**

**P.O Box 12129
Jackson, MS 39236-2129**

**Insurance Premium Finance
License Application
§81-21-1 et seq., Miss. Code Ann.**

1. _____
Full legal name of applicant

Trade name or d/b/a of applicant, if applicable

Fed. Tax I.D. Number

Parent Company, if applicable

2. Business Address: _____
Street Address

City County State Zip Code

Telephone Number: _____ Fax Number: _____

3. Mailing address, if different from above: _____
Street Address

City County State Zip Code

4. Business Type: Sole Proprietorship Partnership Limited Liability Company (LLC)
 Corporation Trust Company Other (Explain) _____

5. If a Corporation, incorporated under the laws of the State of: _____

6. Web site address: _____

7. E-Mail address: _____

8. The legal name, residence, and percentage of ownership of each owner, member, partner, director, and principal officer of the company. (Attach addendum if necessary)

Legal Name	Residence, City, State, Zip	Telephone Number	% Ownership

9. Has there been a change in ownership or structure of the licensed company since the previous application?
 Yes No **If yes, explain on a separate sheet.**

10. If you are currently licensed or conducting business in any other state(s) under an Insurance Premium Finance Law or similar Law, please list the state(s) and name and address of the regulatory agency. If not currently licensed or conducting business, but have in the past, please list the state(s) and name and address of the regulatory agency and identify the time periods you were licensed or conducting business. (Attach list if necessary)

Regulatory Agency	Agency Address City, State, Zip	Telephone Number	Licensed Periods

11. Total Dollar Amount of Outstanding Transactions: \$ _____ (Mississippi only)
 Total Number of Outstanding Transactions: _____ (Mississippi only)
12. Are there any civil or criminal proceedings pending against the applicant or any civil or criminal convictions entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude?
 Yes No (If yes, explain on a separate sheet.)
13. Has any owner, beneficial owner, member, officer or director had a license suspended, denied or revoked by any state or federal government agency? Yes No (If yes, explain on a separate sheet.)
14. Have you ever been in violation of the Mississippi Insurance Premium Finance Law, or been connected directly or indirectly with any business convicted of such violations or been connected directly or indirectly as principal or employee with any business licensed under this Act or similar Acts of other states, which license was suspended, denied or revoked? Yes No (If yes, explain on a separate sheet.)
15. Do you understand that any false or misleading statements may be grounds for denial or revocation of your license? Yes No

16. **The following must be provided along with your application. Please use this checklist to verify that your application is complete.**

- 1. **License Fee:** For an initial application, submit a certified check or money order made payable to the Department of Banking and Consumer Finance in the amount of \$750.00. For renewal applications, submit a certified check or money order in the amount of \$475.00. **We do not accept personal or company checks.**
- 2. **Financial Statements:** Attach copies of your most recent certified financial statements (including balance sheet, state of income or loss, statement or changes in shareholder equity, if applicable, and statement of changes in financial position).
- 3. Attach a list of agents in Mississippi.
- 4. Provide copies of the following, whichever are applicable:
 - (a) A Certificate of Good Standing from the state in which the applicant was incorporated.
 - (b) If applicant is a corporation, provide a copy of the Articles of Incorporation, including amendments.
 - (c) If applicant is a Limited Liability Company (LLC), provide a copy of the Articles of Organization and the Operating Agreement.
 - (d) If applicant is a general partnership or a Limited Liability Partnership, provide a copy of the Partnership Agreement.
- 5. Attach your company's rate schedule – (interest charged on contracts).
- 6. Attach a complete narrative description of the transactions and activities to be conducted in the normal course of business by the applicant.
- 7. Attach the enclosed **Insurance Premium Finance Contact List**.

This application must be completed, signed and notarized and all of the requested information attached or the application will be returned to you which will delay the licensing process. Please mail the completed application to:

Mailing Address:

Department of Banking and Consumer Finance
Attn: Consumer Division
P.O. Box 12129
Jackson, MS 39236-2129

Section 97-7-10, Miss. Code Ann., provides that, "Whoever, with intent to defraud the state or any department, agency, office, board, commission, county, municipality or other subdivision of state or local government, knowingly and willfully falsifies, conceals or covers up by trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall, upon conviction, be punished by a fine of not more than Ten Thousand Dollars (\$10,000.00) or by imprisonment for not more than five (5) years, or by both such fine and imprisonment".

The undersigned swears or affirms and certifies that all information given in this application and all documents furnished as required for a license are true and accurate. The undersigned acknowledges that giving false information in this application or any supplemental forms constitutes cause for denial or revocation of the application or license and may be subject to criminal prosecution for perjury. The undersigned further acknowledges that upon renewal of an existing license, all violations noted in prior Examination Reports of the Mississippi Department of Banking and Consumer Finance have been corrected or are in the process of being corrected.

Pursuant to §81-21-3(4), Miss. Code Ann., the undersigned further certifies that:

- 1) The premium finance company is financially capable to engage in the business of insurance premium financing;
- 2) If a corporation, that the corporation is authorized to transact business in this state; and
- 3) If any material change occurs in the information contained in the registration form, a revised statement shall be submitted to the commissioner

Date: _____

Name of Company

(Corporate Seal)

By: _____
Name (please print) Title

Signature

AFFIDAVIT

State of _____
County of _____

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named _____ who after first being by me duly sworn, states on oath that the statements contained in the foregoing application and all supporting documents are true, accurate and complete answers to each of the questions contained therein.

Sworn to and subscribed before me the undersigned notary on this the ____ day of _____ 20____.

(Notary Seal)

Notary Public _____

My Commission Expires: _____