MISSISSIPPI

Department of Banking and Consumer Finance
Premium Finance Licensee
General Information Questionnaire

(Full Company Name)

Licensee _____ License No. _____

Address _____ P.O. Box _____ License Expires _____

City, State Zip _____

Manager _____ Phone _____ Fax _____

Supervisor _____ Address _____ Phone _____

If chain operation, name and address of parent company:

Name _____ Address _____

Name and phone number of contact person for documents and records for examination purpose:

Name _____ Phone _____

MISSISSIPPI CONTRACTS OUTSTANDING $ _____ NUMBER OF ACCOUNTS _____

_____1) Are records maintained for 2 years after date of pay off? *{§ 81-21-11(2), MCA}*

_____2) Does the premium finance agreement contain the following: *{§ 81-21-13, MCA}*

a) Name and address of the insurance agent or broker: _____

b) Name and address of the insured: _____

c) Name and address of the premium finance company: _____

d) Total amount of the premium _____ down payment _____

Principal balance _____ amount of interest _____

Total of payments _____ contract date _____

Term & amount of each payment _____ date of first payment _____

Date of final payment _____

_____3) Is the printed portion of the premium finance agreement in at least eight-point type? *{§ 81-21-13, MCA}*

_____4) Does the annual percentage rate on premium finance contracts in an amount of ten thousand dollars ($10,000.00) or less exceed twenty-four percent (24%) per annum on the unpaid balance? *{§ 81-21-15(3), MCA}*

If yes, explain: _____

_____5) What is the annual percentage rate on premium finance contracts in an amount of ten thousand dollars ($10,000.00) or more? *{§ 81-21-15(3), MCA}*

The Mississippi Code of 1972, as amended, is referenced as "MCA"

_____6) Does the insured receive a refund of the unearned finance charge, based on the Rule of 78's, upon the voluntary prepayment of the obligation in full or upon the cancellation of such contract? *{§ 81-21-15(4), MCA}*

_____7) Does the premium finance agreement contain a power of attorney clause enabling the premium finance company to cancel any insurance contract or contracts in accordance with the premium finance laws enacted by the State of Mississippi? *{§ 81-21-19(1), MCA}*

If no, explain: _____

_____8) If the contract is canceled, is a ten (10) day written notice mailed to the insured's last known address notifying them of the intent of the premium finance company to cancel the insurance contract? *{§ 81-21-19(2), MCA}*

_____9) If the contract is canceled, is the unearned insurance premium refunded? *{§ 81-21-21(1), MCA}*

If no, explain: _____

_____10) Are governmental agencies, mortgagees or other third parties notified of cancellation when required? *{§ 81-21-19(4), MCA}*

_____11) Do you charge: *{§ 81-21-17, MCA}*

Late Charges	_____	Percent charged:	_____ %
A cancellation charge	_____	Maximum charged:	$_____
A returned check fee	_____	Maximum charged:	$_____

_____12) Do you charge more than 20% collection costs and attorney's fees of the outstanding indebtedness? *{§ 81-21-17(2), MCA}*

If yes, explain: _____

_____13) Have all records pertaining to a loan under the Mississippi Premium Finance Laws been provided during the examination?

If no, explain: _____

Section 97-7-10, Mississippi Code of 1972, as amended, provides that, "Whoever, with intent to defraud the state or any department,…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.

I, _____, do hereby solemnly swear that I am the _____
(Please Print)

of _____ at _____, Mississippi, operated under

license number _____ and that the answers to the foregoing questions are true and correct to the best of my belief.

Date: _____ Signed: _____

Sworn and subscribed to before me at _____, on this the _____ day of _____, 20 _____.

Commission Expires: _____ _____, Notary Public