

# Application for Insurance Premium Finance Company License

1. Applicant's Name: \_\_\_\_\_

2. Business Address for licensed location: \_\_\_\_\_  
 \_\_\_\_\_

3. Assumed Name or d.b.a., if applicable:  
 \_\_\_\_\_

*Provide a copy of filing made with the Department of Licensing and Regulatory Affairs, Corporations, Securities & Commercial Licensing Bureau, Corporations Division. If a sole proprietor or partnership, provide a copy of filing made with the County Clerk.*

4. Applicant's Tax ID Number: \_ \_ \_ \_ \_

5. Applicant's Email Address: \_\_\_\_\_

6. List names and addresses of all branch offices in or servicing Michigan:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. List address where all relevant books, records, accounts and documents will be located:  
 \_\_\_\_\_

8. Describe any other business conducted at the principal location or branch offices:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Identify states applicant is licensed in, or applying, for a license as a premium finance company: (If additional space is needed, please state "see attached" below and include a separate listing.)  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Type of Company:  
 Sole Proprietor       Partnership       Corporation       LLC

*Partnerships must attach a copy of partnership agreement now in effect.*

11. Is applicant directly/indirectly controlled, owned (wholly or in part), managed or otherwise affiliated with any insurer, person, firm or corporation having control of an insurer?  
 Yes       No

If YES, describe relationship. Include insurer names.  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF APPLICANT IS A CORPORATION OR LIMITED LIABILITY COMPANY**

12. Name and principal address of the corporation/limited liability company:

\_\_\_\_\_

\_\_\_\_\_

State of Incorporation/Organization: \_\_\_\_\_

Date of Incorporation/Organization: \_\_\_\_\_

Date Admitted to Michigan: \_\_\_\_\_  
*(For non-Michigan corporations/LLC's only)*

Michigan corporations and limited liability companies must attach a copy of the filing made with the Department of Licensing and Regulatory Affairs, Corporations, Securities & Commercial Licensing Bureau, Corporations Division.

Non-Michigan (foreign) corporations and limited liability companies must attach a copy of the filing made with the Department of Licensing and Regulatory Affairs, Corporations, Securities & Commercial Licensing Bureau, Corporations Division, to transact business in Michigan.

13. Briefly describe experience; training and education that will enable applicant to perform as a premium finance company and comply with P.A. 352 of 1968 (include dates).

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

I certify, as owner, partner or officer (authorized representative) of the applicant premium finance company that the information provided in this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Print Name and Title of Authorized Representative

*Section 1503(3) states in part: "Each applicant shall file sworn answers, subject to the penalties of perjury, to such interrogatories as the commissioner may require."*

PA 352 of 1968 requires submission of this form. Failure to complete and submit this form could result in denial of your application for licensure.

When complete, submit to:

<b>Mailing Address:</b> DIFS Insurance Licensing PO Box 30220 Lansing MI 48909-7720	OR	<b>Delivery address:</b> DIFS Insurance Licensing 530 W Allegan Street, 7th Floor Lansing MI 48933-1521
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**Michigan Department of Insurance and Financial Services**

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