

DELAWARE DEPARTMENT OF INSURANCE
841 SILVER LAKE BOULEVARD
DOVER, DE 19904
(302)739-4251

APPLICATION FOR RENEWAL LICENSE AS AN
INSURANCE PREMIUM FINANCE COMPANY

TO THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE:

Application is hereby made for a license to operate an insurance premium finance company.

Telephone Number: () _____ Fax Number: () _____

Federal Tax Identification Number: _____

1. Licensee's Name: _____

2. Address: _____

NOTE: The name and address of the licensee as it appears above shall be the same as it presently appears on your license. If any of this information is incorrect, fill in the correct information in the space provided below:

Name: _____

Address: _____

3. This is a renewal of license number _____, for the year _____.

4. (a) If this is a corporation, give name and address:

(b) Give Names of Officers:

President: _____

Secretary: _____

Treasurer: _____

(3) If this is a partnership or proprietorship, give names of partners or proprietor:

(4) Attached is check number _____ in the amount of \$300 for annual license fee. (Check should be made payable to the "Delaware Department of Insurance").

Corporate Title

Signature of Officer

Printed Name

Title

Date: _____