



Texas Department of Insurance

TPA/Premium Finance Section Mail Code 107-TPA-PF

P. O. Box 149104, Austin, Texas 78714-9104

512-322-3412 or 512-322-3555 telephones • 512-322-4380 fax • www.tdi.state.tx.us

APPLICATION FOR AN INSURANCE PREMIUM FINANCE COMPANY LICENSE (FORM PF1)

SECTION I - DEMOGRAPHIC INFORMATION

1. Applicant name (Indicate name of sole proprietor, partners or corporation):

2. Name under which applicant will operate if other than above (assumed name certificate must be filed):

3. Address at which applicant will operate and maintain records of Texas business:
 - a. Street: _____
 - b. City: _____ State: _____ Zip: _____
 - c. Mailing Address: _____
 - d. City: _____ State: _____ Zip: _____
4. Telephone number (physical location): _____

SECTION II - ADDITIONAL REQUIREMENTS

THE FOLLOWING DOCUMENTS ARE SUBMITTED AS REQUIRED (INDICATE BY CIRCLING LETTER)

- A. LIST OF PRINCIPALS (LHL107 FORM PF2).
- B. PREMIUM FINANCE APPLICATION QUESTIONNAIRE (LHL110 FORM PF3).
- C. BIOGRAPHICAL AFFIDAVIT (LHL102 FORM PF4) FOR EACH INDIVIDUAL NAMED ON FORM PF2.
- D. GENERAL STATEMENT OF EXPERIENCE GIVING APPLICANT'S QUALIFICATIONS.
- E. LIST OF OTHER STATES OF LICENSURE (LHL104 FORM PF5).
- F. APPOINTMENT OF STATUTORY AGENT AND CONSENT TO SERVICE (LHL106 FORM PF6).
- G. FINANCIAL STATEMENT.
- H. SAMPLE BUSINESS OPERATION FORMS.
- I. \$400.00 INVESTIGATION FEE (NOTE: THE \$200.00 LICENSE FEE WILL BE SUBMITTED UPON APPLICATION APPROVAL – DO NOT SEND WITH INITIAL APPLICATION).

- J. PARTNERSHIP AGREEMENT (not required of sole proprietor or corporation).
- K. CERTIFIED COPY OF ASSUMED NAME CERTIFICATE AS ON FILE WITH COUNTY CLERK AND/OR SECRETARY OF STATE (Sole proprietor and partnership must file; corporation must file only if using a name other than their corporate name).
- L. ORIGINALLY CERTIFIED COPY OF ARTICLES OF INCORPORATION FROM THE OFFICE OF THE SECRETARY OF STATE OR EQUIVALENT OFFICE IN ANOTHER STATE (not required of sole proprietor or partnership).
- M. CERTIFIED COPY OF BY-LAWS (not required of sole proprietor or partnership).
- N. CERTIFIED COPY OF MINUTES (not required of sole proprietor or partnership).
- O. CURRENT FRANCHISE TAX CERTIFICATE OF GOOD STANDING (<http://ecpa.cpa.state.tx.us/coa/Index.html>) OR LETTER OF EXEMPTION ISSUED BY TEXAS COMPTROLLER OF PUBLIC ACCOUNTS (not required of sole proprietor or partnership).
- P. CERTIFIED COPY OF CERTIFICATE OF AUTHORITY ISSUED BY THE TEXAS SECRETARY OF STATE (required of foreign corporations only).

SECTION III - CERTIFICATION

I know of no reason under the provisions of the Texas Insurance Code why this applicant is not entitled to a license authorizing it to transact premium finance business in the State of Texas and hereby execute this form and upon oath affirm that all statements in it and in all supporting schedules, documents and exhibits are true, correct and are made for the purpose of securing the license indicated herein.

(Date)

(Signature of Authorized Officer, Partner or Sole Proprietor*) (*circle one)

Subscribed and Sworn to before me, by the said _____
(Name and Title)

this _____ day of _____, 20 _____, to certify which witness my hand and seal of office.

(SEAL)

Notary Public (Signature)

Printed or Stamped Name

_____ County,

State of _____

My Commission Expires _____