

INSURANCE PREMIUM FINANCE

BRANCH OFFICE APPLICATION

Ohio Insurance Premium Finance Act

Ohio Revised Code Sections 1321.20, 1321.21, 1321.71 to 1321.84, 1321.99
Ohio Administrative Code 1301:8-4



Ohio Department Of Commerce Division Of Financial Institutions

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Columbus, Ohio, 43215-6120
Telephone: (614)728-8400
www.com.state.oh.us/dfi

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.

"An Equal Opportunity Employer and Service Provider"

For DFI Use Only
Issue Date _____
File ID _____

INSURANCE PREMIUM FINANCE BRANCH OFFICE APPLICATION

Ohio Revised Code Sections 1321.20, 1321.21, 1321.71 to 1321.84, 1321.99

Ohio Administrative Code 1301:8-4

Print or Type in Blue or Black Ink

This application is for **Branch Office** only

1. Name of Applicant _____
(Must be same business entity as original license.)

2. License Number _____

3. Fictitious name or D/B/A, if applicable _____

4. Address of business to be licensed _____
i. (Give building name, if any, and street address)

City or Township _____ State _____ County _____ Zip _____
2. (Physical Location)

Telephone No. _____

(a) Is the address to be licensed zoned for this type of business? Yes No If not, a license cannot be issued.

(b) Indicate your home office business address: _____

5. Each applicant shall submit a Financial Statement on the form provided by the Division of Financial Institutions or an Audited Financial Statement. Either Financial Statement shall accompany the application and be made a part thereof. This financial statement **must** be in the exact business name and entity as indicated in application questions 1 and 2 and must indicate a net worth of at least \$50,000. All assets must consist of and belong only to this entity; i.e., if a sole proprietor is indicated, it may **not** include a spouse's assets or any jointly owned assets.

6. Indicate applicant's federal ID number or Social Security number _____

7. Will any other type of business be operated from this proposed location? Yes No

(If answer is yes, attach separate sheet marked "Schedule 7", stating type of other business.)

8. Has the applicant ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or has it ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes No

(If answer is yes, attach a separate sheet marked "Schedule 8", giving complete details.)

9. Has the applicant under any other name, or has any corporation, association, or partnership with which applicant is, or was, associated or affiliated, ever had any type of approval or application to conduct business (such as a license or certificate of registration) denied, revoked, suspended, or refused to be renewed or has they ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes No

(If answer is yes, attach a separate sheet marked "Schedule 9", giving complete details.)

For DFI Use Only		Fee:	\$387.50 if license is issued from 1/1 to 6/30
			\$575.00 if license is issued from 7/1 to 12/31
Check No. _____	Amount _____	Date _____	Rec. By _____
TC: 110-PF	Pay-In # _____	Deposit Date _____	RS: 2341-03
TC: 80-PF	Pay-In # _____	Deposit Date _____	RS: 2341-03

10. Has applicant, or have any co-partners, L.L.C. members, or corporate officers or directors of applicant, been arrested for, charged with or convicted of violation in any federal, state or local civil or criminal statute since original license was issued? (DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.) Yes No

(If answer is yes, attach a separate sheet, marked "Schedule 10," giving a detailed explanation of the facts and circumstances which gave rise to each charge and for: (i) any conviction provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) any guilty plea provide a certified copy of the plea agreement; and (iii) any pending criminal charges provide a certified copy of the indictment or criminal complaint.

11. Indicate your statutory agent in this state, if changed from your last application. If no change, indicate by checkmark.

(Name) (Address)

(City) (State) (Zip Code) (Phone)

12. Indicate the days and business hours of the proposed office. _____

13. Show the full business name as it will appear on the outside sign of the proposed office, if any.

14. Verify that the response indicated in application question #4 is correct regarding the city, village or township, and is not just the mailing address.

The proposed office will be located in what political subdivision? (Pursuant to U.S. Post Office or the local Engineer's office.)

(City, Village, Township)

15. Will all of the records pertaining to the business, made pursuant to Sections 1321.71 to 1321.83 of the Ohio Revised Code, be maintained at this location? Yes No If no, indicate the licensed location where the records will be kept. _____

(a) Will this office use the same legal loan documents, computer system and programming that were approved for your original application? Yes No If no, submit new samples of each.

16. Indicate the location where your business advertising copies, scripts, videos, etc. will be kept:

(Address) (City/State) (Zip)

17. Indicate immediate area operations supervisor _____
(Name)

(Business address) (Phone)

18. Please list the 800 telephone number, if any, for the corporate headquarters. _____

19. Indicate the name(s) and phone number(s) of the person(s) to contact regarding this application.

INSURANCE PREMIUM FINANCE BRANCH OFFICE APPLICATION

Ohio Revised Code Sections 1321.20, 1321.21, 1321.71 to 1321.84, 1321.99
Ohio Administrative Code 1301:8-4
(continued)

Company Name: _____

NOTARIZATION

NOTE: This application must be signed by:

- The owner if applicant is a sole proprietor;
- At least two partners if the applicant is a partnership;
- At least two members if applicant is a limited liability company(if applicable); or
- At least two officers if the applicant is a corporation.

STATE OF: _____

SS:

COUNTY OF: _____

Under penalties of perjury, I (We), the undersigned, do hereby swear or affirm that this application and all attachments have been prepared or carefully examined and approved by me (us) and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I (We) understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted by the Ohio Division of Financial Institutions, and could result in other legal action initiated against me (us), including, but not limited to, criminal prosecution.

Printed Name (Person 1)

Printed Name (Person 2)

Signature (Person 1)

Signature (Person 2)

Subscribed and sworn or affirmed before me this _____ day of _____, 20_____

Seal or stamp must be affixed to original

Notary Public Printed Name

Notary Public SIGNATURE

My Commission Expires _____

NOTE: Application Fee: \$387.50 if license is issued from 1/1 to 6/30; or
\$575.00 if license is issued from 7/1 to 12/31

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For DFI Office Use Only

Date application approved _____

By _____, Superintendent

"An Equal Opportunity Employer and Service Provider"

RESOLUTION

(TO BE ADOPTED BY CORPORATIONS ONLY)

(Name of Corporation)

A CORPORATION, AT A MEETING OF ITS BOARD OF DIRECTORS, HELD AT _____

ON THE _____ DAY OF _____, 20____, PURSUANT TO
LAWFUL NOTICE OR WAIVER THEREOF and at which meeting a quorum for the transaction of
business was present, adopted the following resolution:

“BE IT RESOLVED, that _____
(Name and Corporate Title)

and _____
(Name and Corporate Title)

of _____ be authorized
(Name of Corporation)

and directed to complete an application for and on behalf of the corporation for a _____
(Type of Application)

_____ Certificate of Registration or License issued under Ohio law, and to affix their
signatures to the application.”

NOTARIZATION

STATE OF: _____

SS:

COUNTY OF: _____

I swear or affirm that the above resolution accurately reflects the actions and proceedings of the Board of
Directors and all information supplied above is complete, truthful and correct.

By _____
Corporate Secretary (Signature) (Date)

Subscribed and sworn or affirmed before me this _____ day of _____, 20_____.

Seal or stamp must be affixed to original

Notary Public PRINTED Name

Notary Public SIGNATURE

My Commission Expires _____

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Financial Statement

Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C.
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Applicant: _____

Address: _____

Financial condition as of : _____
(Must be within 90 days of application)

ASSETS	LIABILITIES & NET WORTH
Cash on hand \$ _____	Notes payable to banks ⁶
Cash in Banks ¹ _____	secured \$ _____
U.S. Government Securities ² _____	unsecured _____
Listed Securities ² _____	Notes Payable _____
Unlisted Securities ² _____	Accounts Payable _____
Accounts Receivable Net ³ _____	Accrued Interest Payable _____
Notes Receivable Net ³ _____	Accrued Taxes _____
Real Estate Owned ⁴ _____	Mortgages Payable ⁶ _____
Furniture, Fixtures & Equipment _____	Other Liabilities - Itemize _____
Vehicles ⁵ _____	_____
Other Assets - Itemize _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Assets \$ _____	Total Liabilities _____
	Net Worth _____
	Total Liabilities & Net Worth \$ _____

1. *Attach a detailed schedule of bank accounts and a copy of the bank statements as of (or the date closest to) the date of this financial statement*
2. *Attach a detailed schedule for each securities category and a broker's statement as of (or the date closest to) the date of this financial statement for the securities held in street name.*
3. *Attach a detailed schedule of accounts receivable and notes receivable net of uncollected amounts. Pawn Brokers should include their pawns under accounts receivable*
4. *Attach a detailed schedule of real estate owned by location indicating book value, purchase price, and appraised value at time of purchase*
5. *Attach a detailed schedule of vehicles indicating their book value and NADA (Blue Book) documentation establishing current market value*
6. *Attach a detailed schedule of notes and mortgages payable and provide documentation from the bank of the unpaid balances as of the date of this financial statement.*

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