



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Banking and Securities
 333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801
 Telephone: 907-269-8140
 Website: <https://www.commerce.alaska.gov/web/dbs/>

**ALASKA PREMIUM FINANCE COMPANY
 STATE REGULATOR QUESTIONNAIRE FOR AS 06.40 APPLICANTS**

APPLICANT: This form is for initial application only. A copy of it must be mailed/emailed promptly to the states in which you are licensed to engage in premium financing. This state must have enacted the Premium Financing Act or have substantially similar laws as the State of Alaska. Complete the upper portion of the form by typing or printing the required information. Please request the receiving state submit this document to the State of Alaska via email at financialinstitutions@alaska.gov.

Date: _____

Full Name of Premium Finance Company: _____

Physical Address: _____

City / State / Zip Code: _____

State: _____ Date Licensed: _____ Expiration Date: _____

License #: _____ Type of License: _____

STATE: The above-named company has applied for a license to conduct premium financing in Alaska. The applicant purports to be licensed and regulated by you. As part of our review of the applicant's qualification and suitability for a license, we request information on your experience with this applicant. Please complete the following and return to us via US mail at the address above or email: financialinstitutions@alaska.gov

YES NO

1. Is the above information accurate?
2. Did you conduct an investigation of this applicant prior to issuing a license?
3. Have you received any complaints about this applicant?
(Please explain any trend of common complaints)
4. Have you taken action against this licensee for violations of your state's laws?
(Attach a copy of the action or briefly describe the circumstances and resolution)
5. Have you conducted an examination or audit of the applicant's business?
(Provide the date of the last examination and briefly describe the most serious exceptions)

This form completed by:

Name: _____ Signature: _____

Title: _____ State Agency: _____

Address: _____ Phone: _____ Date: _____