

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF BANKING AND SECURITIES  
550 West Seventh Avenue, Suite 1850 Anchorage, AK 99501  
TELEPHONE (907) 269-8140  
EMAIL: [financialinstitutions@alaska.gov](mailto:financialinstitutions@alaska.gov)  
<https://www.commerce.alaska.gov/web/dbs/Banking.aspx>

**APPLICATION FOR AN ALASKA PREMIUM FINANCE COMPANY LICENSE**

Please review the Application Procedures prior to completing this form.

Application is hereby made for a license to conduct the business of a Premium Finance Company under the provisions of the Alaska Premium Financing Act, **AS 06.40** and the corresponding Alaska Administrative Code, **3 AAC 07**. All Alaska statutes and administrative code may be accessed at: <http://www.legis.state.ak.us/folhome.htm>

**A. GENERAL INFORMATION**

Name of Applicant \_\_\_\_\_  
(Complete name under which business is to be conducted)

Business Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Internet Address: \_\_\_\_\_

Type of Business Organization:     Corporation     Partnership     Limited Liability Company

If incorporated, state and date of incorporation \_\_\_\_\_

**(Attach a certified copy of your current Articles of Incorporation, Certificate of Authority and/or Certificate of Incorporation.)**

Names of all officers and directors of the corporation, members of a partnership or other business entity:

NAME	TITLE	RESIDENCE	OTHER OCCUPATION

1. The applicant is engaged in the Premium Financing business in the following states:

\_\_\_\_\_

\_\_\_\_\_

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2. Is any officer, director, or employee of your organization interested in or connected with any other license under this act?  Yes  No

State facts: \_\_\_\_\_  
\_\_\_\_\_

3. Has any member of your organization previously held a license under this or any previous similar or related act?  Yes  No

State facts: \_\_\_\_\_

4. **Enclose a Resolution of the Board of Directors authorizing application for license.**

5. Name of Surety Company bonding officers and employees: \_\_\_\_\_

6. (a) Does any director or officer of the corporation have a license to engage in the business of an insurance agent or broker?  Yes  No

- (b) Has any license of any director or officer of the corporation, in this state or any state been denied, suspended or revoked?  Yes  No If so, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has the applicant or any director or officer been convicted of any criminal offense other than a traffic violation within the last ten years?  Yes  No  
(If yes, furnish complete details on separate sheet.)

8. Has the applicant or any director or officer had a final judgment issued against him/her in a civil action on account of fraud, misrepresentation or deceit within the last ten years?  Yes  No  
(If yes, furnish complete details on separate sheet.)

9. Has the applicant or any director or officer filed bankruptcy within the last ten years?  
 Yes  No

10. Are your financial records audited by an independent auditing firm?  Yes  No  
**If yes, state name and address of firm and attach a copy of the most recent audit report:** \_\_\_\_\_

**B. FINANCIAL STATEMENT**

Attach a statement of the financial condition of the applicant. Statement must be signed by an authorized officer attesting to the truth and correctness of the statement. Specify the date of the financial condition.

**C. OFFICE MANAGER**

Submit the name, home address, and resume of the proposed office manager. The resume must document employment history during the last 10 years.

**D. REGISTERED AGENT**

Applicant hereby appoints the Commissioner of the Department of Community, Community, and Economic Development and/or Director, Division of Banking and Securities, as agent to accept service of process.

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**E.** Will any Alaska accounts be originated or serviced at an office location other than that stated in the business address on page 1? \_\_\_\_\_ If yes, state the nature of the business to be conducted, the location, phone number and fax number of the office (s):

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**F.** If additional office locations are listed in **E** above, submit an additional \$200 per location for the license fee, **and** submit proof of separate bond coverage in the amount of \$5,000 for each location listed.

**G.** Who may we contact regarding this application?

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**H.** Have any regulatory actions been taken against applicant within the last five years? \_\_\_\_\_. If yes, describe:

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I/We hereby certify, upon personal knowledge, that the foregoing information is true and correct.

_____ Name	_____ Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires: \_\_\_\_\_