

## Alaska Premium Finance Company Renewal Application Checklist

### **GENERAL INSTRUCTIONS- To ensure there are no delays in the review of your application:**

Complete applications on enclosed forms. Processing of the application begins upon receipt of required documents and fees, an incomplete application delays processing.

All required forms, attached for your convenience, listed below:

- ❖ *Alaska Company Uniform Renewal Application*
- ❖ *MU2 Forms, as needed*
- ❖ *Bond Continuation Certificate & Bond Form*

If not completed as a fill-in document, please use a typewriter, **hand-written is no longer accepted**. Legible photocopies with original signatures are acceptable. All forms are to be fully completed. Insert "N/A" or "NOT Applicable" where appropriate. When space is insufficient, use a separate page. Information on inserted pages must reference appropriate questions by letter and number. The applicant provides, under oath, the application, supplemental pages and other related information; filing at the address noted below.

### **ALASKA AUTHORITY**

#### **Alaska Statute 06.01.025 Records of the Department**

- (a) Information in the records of the department obtained through the administration of this title is confidential, is not subject to subpoena, and may be revealed only with the consent of the department.

You are responsible for reviewing the **Premium Finance Act ([AS 06.40](#))** and **accompanying regulation ([3 AAC 07](#))** to ensure familiarity and compliance.

### **FEES**

LICENSE TYPE	LICENSING FEE
Premium Finance Company (AS 06.40.040)	\$200.00 Annual Fee (non-refundable)
	\$200.00 for each additional location (non-refundable)

*Please note you will receive an invoice for investigative fees related to the issuance of a new license.*

### For U.S. Postal Service:

State of Alaska, Department of Commerce, Community & Economic Development  
Division of Banking & Securities  
PO Box 110807, Juneau, AK 99811-0807

## Alaska Premium Finance Company Renewal Application Checklist

Complete ALL sections of the application and supplemental information. Be sure the application is signed and dated (unsigned applications are returned). Make a copy for your files.

An application to renew a premium finance company shall be submitted no later than December 1<sup>st</sup>.

- Application Form - Starts on Page 3 of this pdf
- Company Business Documents
  - Business Plan- Submit a business plan, *if changes have been made*, detailing the following but not limited to marketing/advertising strategies, products, target markets, fee schedule, operating structure, trade names, specifics for doing business with Alaska consumers, and other pertinent information to help the Division understand your business model.
  - Organizational Chart- Submit an organizational chart, *if changes have been made*, if applicant is owned by another entity or entities or person, or has subsidiaries or affiliated entities.
  - Management Chart- Submit an organizational chart, *if changes have been made*, showing the applicant's divisions, officers, and managers.
  - MU2 Form: Provide for each new individual listed on the Alaska Company Uniform Renewal Application, if applicable. Starts on Page 10 of this pdf.
    - a. Residential History- Give a complete address history for the past 10 years, starting with current address.
    - b. Employment History- Provide a complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related business*.
- Surety Bond- Submit Bond Continuation Certificate, showing an expiration date on or after the expiration of renewed license, and bond form. Starts on Page 14 of this pdf.

### IMPORTANT REMINDER

Under [AS 06.40.100](#), the Annual Report for Premium Finance Companies is due March 15 of each year.

## Alaska Company Uniform Renewal Application Form

<b>Renewal Information</b>		
<b>In order to expedite the renewal process, please indicate whether there has been a change made in the past calendar year.</b>		
<b>Each line item corresponds to a field on the application. If you choose "Yes", please provide the correct information on the application. If you choose "No" on all line items, please print this page and the Attestation to submit with your renewal packet.</b>		
1A	Entity Name	
1B	Trade Name	
1C	IRS Employer Identification Number (Social Security Number for sole proprietorship)	
1D	Legal Status	
1E		
1F	Fiscal Year End	
1G	Stock Symbol (if publicly traded)	
1H	Physical Address	
1I	Mailing Address	
1J	Website & Mobile App	
1K	Business Communication	
1L	Branches	
1M	Other Trade Names	
2A	Registered Agent	
2B	Primary Contact	
2C	Primary Compliance Contact	
2D	Secondary Contact	
2E	Books & Record Contact	
3A	Executive Officers & Direct Owners	
3B	Indirect Owners	
4A	Affiliates/Subsidiaries	
4B	Money Service Business Activity	
4C	Consumer Finance Business Activity	
4D	Debt Business Activity	
4E	Other Business Activity	
5A	Disclosures - Please read before choosing Yes or No	
5B	Disclosures - Please read before choosing Yes or No	
5C	Disclosures - Please read before choosing Yes or No	
5D	Disclosures - Please read before choosing Yes or No	
5E	Disclosures - Please read before choosing Yes or No	
5F	Disclosures - Please read before choosing Yes or No	
5G	Disclosures - Please read before choosing Yes or No	
5H	Disclosures - Please read before choosing Yes or No	
5I	Disclosures - Please read before choosing Yes or No	
5J	Disclosures - Please read before choosing Yes or No	

# Alaska Company Uniform Renewal Application Form

1. Admin. Information					
A. Entity Name (Sole Proprietors provide Last, First, and Full Middle Name)					
B. Trade Name for conducting business in Alaska:					
C. IRS Employer Identification Number (Social Security Number for sole proprietorship)					
D. Indicate legal status of licensee:					
E. If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where licensee entity was formed):					
Formation State		Formation Country			
F. Fiscal Year End (MM/DD)					
G. If publicly traded, insert stock symbol:					
H. Physical Address (Do <b>not</b> use P.O. Box)					
Number & Street		City	State	Country	Postal Code
I. Mailing Address Same as above					
P.O. Box or Number & Street		City	State	Country	Postal Code
J. Website Provide the full web address(es) for the company and any separate websites for other trade names used.					
1. Web Address:					
Is your company transacting business through this website?					
2. Web Address:					
Is your company transacting business through this website?					
3. Mobile Device Application:					
Is your company transacting business through this application?					
K. Business Communications					
Business Phone		Ext.	Fax Number	Ext.	Toll Free
Primary Email					
L. Other than the office in H., does the entity conduct business with consumers through branch offices or other business locations?					
All other locations and or branch offices the entity may use to conduct business with Alaskans must be reported as a "Delegate or Branch Location," even if said location is not located in Alaska. Please add additional branches on a separate page.					
Branch:					
Street Address:					
City:		State:	Postal Code:		
Business Phone #:		Fax #:			
Branch Manager:		Email:			
Branch:					
Street Address:					
City:		State:	Postal Code:		
Business Phone #:		Fax #:			
Branch Manager:		Email:			
Branch:					
Street Address:					
City:		State:	Postal Code:		
Business Phone #:		Fax #:			
Branch Manager:		Email:			

# Alaska Company Uniform Renewal Application Form

1. Admin. Information Cont.					
M. Other Trade Names					
List any other trade name(s) (i.e. business name, fictitious name, or "doing business as" name) for this company below.					
Other Trade Names or "dba" used	State(s) where 'dba' Name is used		Identify applicable industry:		
Other Trade Names or "dba" used	State(s) where 'dba' Name is used		Identify applicable industry:		
2. Personnel Contact Information					
A. Resident/Registered Agent (If resident/registered agent is a company, put the words 'registered agent' in the Title field.)					
First Name	Last Name	Company		Title	
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code	
Business Phone	Ext.	Fax Number	Ext.	Email Address	
List below the individual as the primary contact employee for this company. Minimum of one primary company contact and one primary consumer complaint (regulator) contact must be identified and the individual must be authorized to receive all compliance and licensing information, communications and mailings, and be responsible for disseminating it to others within your company as necessary. Use additional sheets if necessary.					
B. Primary Application Contact					
First Name	Last Name			Title	
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code	
Business Phone	Ext.	Fax Number	Ext.	Email Address	
C. Primary Compliance Contact					
First Name	Last Name			Title	
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code	
Business Phone	Ext.	Fax Number	Ext.	Email Address	
D. Secondary Application Contact					
First Name	Last Name			Title	
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code	
Business Phone	Ext.	Fax Number	Ext.	Email Address	
Indicate area in charge:					

# Alaska Company Uniform Renewal Application Form

## 2. Personnel Contact Information Cont.

Provide the information requested below for the records custodian maintaining records for the company. Provide the name of the individual who should be contacted with inquiries or to gain access to the storage location. If multiple custodians maintain records for the company, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

### E. Books & Records Contact

First Name		Last Name		Title	
Number & Street (No P.O. Boxes)		City		State	Country
Business Phone		Ext.	Fax Number	Ext.	Email Address
Comments:					

## 3. Executive Officers, Indirect Owners, & Foreign Agents

Provide the information requested below for the individual or company being identified as a (i) direct owner of 25% or more; (ii) executive officer; and/or (iii) control person of your company (excluding indirect owners that must be identified in the Indirect Owners section of this filing). An MU2 Form (attached left) must be completed for all natural person(s) identified in this section.

### A. Executive Officers & Direct Owners

Full Legal Name (Individuals: Last Name, First Name, MI)	Ownership Type	Equity Owner	% of Ownership	Stock Symbol (Company only)	SSN or EIN	Individual or Company

### B. Indirect Owners

Full Legal Name (Individuals: Last Name, First Name, MI)	Direct Owner Of	Equity Owner	% of Ownership	Stock Symbol (Company only)	SSN or EIN	Individual or Company

## 4. Additional Information

### A. Affiliates/Subsidiaries

Affiliate/Subsidiary Name:

Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
Control Relationship:	Affiliate (Under Common Control)		Subsidiary (Entity Controls)	
Description:				

I am providing an organizational chart or a document briefly describing control relationship(s) with affiliates/subsidiaries and control entities (including percentage of interest)    Yes    No



# Alaska Company Uniform Renewal Application Form

## 5. Disclosure Questions

For purposes of responding to the questions below, the term "control affiliate" means: a partnership, corporation, trust, LLC, or other organization that directly or indirectly controls, or is controlled by, the licensee. If the answer to any of the following is "YES", you must provide complete details on a separate sheet.

### Financial Disclosure

- A. In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition?  
 B. Has a bonding company ever denied, paid out on, or revoked a bond for the entity?  
 C. Does the entity have any unsatisfied judgments or liens against it?


### Criminal Disclosure

- D. Has the entity or a control affiliate ever:
1. Been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?
  2. Been charged with any felony?
  3. In the past 10 years, been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?
  4. Are there pending charges for a misdemeanor specified in 5(D)(3)?


### Regulatory Action Disclosure

- E. In the past 10 years, has any state or federal regulatory agency or foreign financial regulatory authority ever:
1. Found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical?
  2. Found the entity or a control affiliate to have been involved in a violation of a financial services-related regulation(s) or statute(s)?
  3. Found the entity or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?
  4. Entered an order against the entity or a control affiliate in connection with a financial services-related activity?


F. Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?

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G. Is there a pending regulatory action against the entity or a control affiliate for any alleged violation described in E. & F.?

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### Civil Judicial Disclosure

- H. Has any domestic or foreign court:
1. In the past ten years enjoined the entity or a control affiliate in connection with any financial services-related activity?
  2. In the past ten years found the entity or a control affiliate was involved in a violation of any financial services-related statute(s) or regulation(s)?
  3. in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the entity or a control affiliate by a state, federal, or foreign financial regulatory authority?
- I. Is there a pending financial services-related civil action in which the entity or a control affiliate is named for any alleged violation described in H.?


### Customer Arbitration/Civil Litigation Disclosure

- J. Have you ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration or civil litigation which:
1. is still pending; or
  2. resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or
  3. was settled for any amount?


# Alaska Company Uniform Renewal Application Form

## NEW APPLICATION ATTESTATION

### EXECUTION:

I, \_\_\_\_\_ (Full Name), \_\_\_\_\_ (Title/Position), am employed by or am an officer or a control person of \_\_\_\_\_ (Applicant). Applicant agrees to and represents the following:

1. That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true, and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
2. To the extent any information previously submitted is not amended, such information remains accurate and complete;
3. That the State of Alaska, to which the application is being submitted, may conduct any investigation into the background of the Applicant and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
4. To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
5. To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the Applicant is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, the foregoing application may be denied.

On this \_\_\_\_\_ (MM/DD/YYYY), I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of the Applicant. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
(Signature of Attestant)

\_\_\_\_\_  
(Printed name of Attestant)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*NOTARY SEAL*

\_\_\_\_\_  
(Signature of notary public)

County of: \_\_\_\_\_

Notary public state of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

### Alaska Statute 06.01.025 Records of the Department

Information in the records of the department obtained through the administration of this title is confidential, is not subject to subpoena, and may be revealed only with the consent of the department.

<b>MU2</b>	<b>Biographical Statement &amp; Consent Form</b>	Date of Filing
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**1. Individual's Identifying Information:**

First Name	Middle Name	Last Name	Suffix
Social Security Number:		Gender:	
Date of Birth:		State/Province of Birth:	Country of Birth:

List all names, other than your legal name, you have used or are using, or which you are or were know since 18 years of age. This should include nicknames, aliases, & names used before or after marriage. (Use additional sheets as needed.)

Name	Name	Name	Name

Employer Name:

Office of Employment Address Check box if this is your private residence.

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Number & Street (No P.O. Boxes) City State Country Postal Code

Current Residential Address (if different from Employment Address)

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P.O. Box or Number & Street City State Country Postal Code

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Business Phone Ext. Fax Number Ext. Mobile Phone

Primary Email

**2. Residential History: Starting with current address, give all addresses for the past 10 years. (Attach additional pages as needed.)**

From MM/YY	To MM/YY	Address	City	State / Province	Postal Code	Country



5. Disclosures Please provide complete details for all "Yes" answers. (Attach additional pages of all events and/or proceedings.)

Financial Disclosure

Within the past ten years:

Have you filed a personal bankruptcy petition or been subject of an involuntary bankruptcy petition?

Based upon events that occurred while you exercised control over an organization, has said organization filed a bankruptcy petition or been subject of an involuntary bankruptcy petition?

Have you been the subject of a foreclosure action?

Has a bonding company **ever** denied, paid out on, or revoked a bond for you?

Based upon activities that occurred while you exercised control over an organization, has any bonding company **ever** denied, paid out on, or revoked a bond for said organization?

Do you have any unsatisfied judgements or liens against you?

Are you delinquent on any court orders child support payments?

Criminal Disclosure

Have you ever been convicted of, or pled guilty, or nolo contendere (no contest) in a domestic, foreign, or military court to any felony?

Are there pending charges against you for any felony?

Based upon activities that occurred while you exercised control over an organization, has said organization ever:

Been convicted of, or pled guilty, or nolo contendere (no contest) in a domestic, foreign, or military court to any felony?

Been charged with any felony?

Have you ever been convicted of, or pled guilty, or nolo contendere (no contest) in a domestic, foreign, or military court to a misdemeanor involving financial services-related businesses; fraud, false statements, or omissions; theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or conspiracy to commit any of these offenses?

Are there pending charges against you for a misdemeanor as described above?

Based upon activities occurring while you exercised control over an organization, has said organization ever:

Been convicted of, or pled guilty, or nolo contendere (no contest) in a domestic, foreign, or military court to a misdemeanor as described above?

Been charged with a misdemeanor as described above?

Civil Judicial Disclosure

Has any domestic or foreign court ever:

Enjoined you in connection with any financial services-related activity?

Found that you were involved in a violation of any financial services-related statute(s) or regulation(s)?

Dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against you by a State, Federal, or foreign financial regulatory authority?

Are you named in any pending financial services-related civil action that could result in a "Yes" to the other Civil Judicial questions?

5. Disclosures - Continued

Regulatory Action Disclosure

Has any State, Federal, or foreign financial regulatory authority ever:

Found you to have made a false statement or omission or been dishonest, unfair, or unethical?

Found you to have been involved in a violation of a financial services-related statute(s) or regulation(s)?

Found you to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked, or restricted?

Entered an order against you in connection with a financial services-related activity?

Denied, suspended, or revoked your registration or license, disciplined you, or otherwise by order, prevent you from associating with a financial services-related business or restricted your activities?

Barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in financial services-related business?

Issued a final order based on violations of any law or regulation that prohibits fraudulent, manipulative, or deceptive conduct?

Have you ever had an authorization to act as an attorney, accountant, or State or Federal contractor that was revoked or suspended?

Are you now the subject of any regulatory proceeding that could result in a "Yes" to the other Regulatory Action questions?

Customer Arbitration / Civil Litigation Disclosure

Have you ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration or civil litigation which:

Is still pending; or

Resulted in an arbitration award or civil judgement against you, regardless of amount, or that required corrective action; or

Was settled for any amount?

Termination Disclosure

Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:

Violating statutes, regulations, rules, or industry standards of conduct?

Fraud, dishonesty, theft, or the wrongful taking of property?

On this \_\_\_\_\_(MM/DD/YYYY), I verify that I am the named person above and that I am authorized to attest to and submit this filing on my own behalf. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Printed name of Applicant)

# Alaska Premium Finance Act Bond Form

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Bond # \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS, that \_\_\_\_\_,  
duly authorized to do business in the State of Alaska and having its principal place of business in the City of \_\_\_\_\_, State of \_\_\_\_\_, as Principal, and \_\_\_\_\_, and having its principal place of business in the City of \_\_\_\_\_, State of \_\_\_\_\_, who is duly authorized to engage in business in Alaska as Surety, are both held and firmly bound unto the STATE OF ALASKA in the full penal sum of \_\_\_\_\_ DOLLARS (\$\_\_\_\_\_) lawful money of the United State, for payment of which, well and truly to be made, we hereby bind ourselves, our heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

This obligation secures the faithful performance of the obligations of the principal as the premium finance company licensee, including its officers, individuals, employees, and authorized delegates with respect to the Premium Finance Act, AS 06.40 and 3 AAC 07.

If the principal fully conforms to and abides by the provisions of the said Act and of all rules and regulations lawfully made by the licensing official thereunder and will pay to the State of Alaska and to any person or persons who may have a cause of action against the obligor of said bond under the provision of said Act any and all moneys that may become due or owing to the State or to such person or persons from said obligor under and by virtue of the provisions of this Act, then this obligation shall be null and void, otherwise to remain in full force and effect.

This bond may be cancelled by the surety on 30 days of written notice to the Director, Division of Banking and Securities, PO Box 110807, Juneau, AK 99811-0807. Provided, however, such notice shall not affect any liability arising prior to the effective date of cancellation of this bond and the PRINCIPAL and SUREY shall be and remain liable for a period of five (5) years from the date of cancellation.

PROVIDED, that the total liability hereunder for all causes of action arising during the period for which this bond is written shall not exceed the principal sum of this bond.

# Alaska Premium Finance Act Bond Form

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IN WITNESS WHEREOF, the said principal has hereunto set her/his hand and seal, and the said Surety has caused these presents to be signed and its corporate seal to be hereunto affixed the day and year first above written.

Signed, sealed, and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

By: Principal: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

SEAL

By: Surety: \_\_\_\_\_

Signature: \_\_\_\_\_

Attorney-In-Fact: \_\_\_\_\_