



## BUREAU OF INSURANCE

### INSURANCE PREMIUM FINANCE COMPANY CHAPTER 47 OF TITLE 38.2 OF THE CODE OF VIRGINIA

#### REQUIREMENTS FOR ORGANIZING AND LICENSING IN VIRGINIA

A corporation must obtain a License (issued by the Bureau of Insurance) and a Certificate of Authority (issued by the Clerk of the State Corporation Commission) in order to transact business as a premium finance company in Virginia. In seeking license approval, the applicant must complete the items listed under the heading Application to the Virginia Bureau of Insurance.

#### PART I: INITIAL FILINGS

Please read the following filing requirements carefully so that all papers are properly prepared and submitted at one time. All necessary blank forms are included. Except for requisite signatures, all statements must be printed or typed. If additional space is required to complete any statement, an addendum should be attached. All schedules must be filled out; write "none" or "not applicable" where appropriate. Regarding Virginia's overall requirements, each applicant should review [Chapter 47 of Title 38.2](#) of the Code of Virginia and [14 VAC 5-390-10](#). These requirements can be found on our [website](#).

#### 1. Application Form

- a) Partnerships and individual proprietorships must complete form VAPF 1; corporations must complete form VAPF 1(A). Each license application must be completed in its entirety and properly executed under oath.
- b) Each application must be accompanied by a check made payable to the *Treasurer of Virginia* in the amount of \$500. Mail a check for the application fee along with a cover letter to the Bureau of Insurance.

#### 2. Individual Questionnaires

Biographical affidavits must be completed. The most current version of the NAIC Biographical Affidavit may be accessed through the NAIC's website at the following address: [http://www.naic.org/documents/industry\\_ucaa\\_form11.pdf](http://www.naic.org/documents/industry_ucaa_form11.pdf).

Affidavits must be current and not be signed by the affiant more than six months prior to the date the initial filing is submitted. Background Reports are not required. The following persons must complete NAIC Biographical Affidavits:

- i) the owner of an individual proprietorship
- ii) each partner of a partnership
- iii) each officer, director, and stockholder owning 10% or more of any class of outstanding stock.

### 3. Financial Statements

- a) Each applicant must complete and submit a current financial statement on form VAPF3 showing the company's financial condition as of the close of the last preceding calendar quarter.
- b) In addition to form VAPF3, an established company must complete and submit an [Annual Statement](#) showing last year's operations as well as the company's financial condition as of the end of the preceding calendar year.

### 4. Surety Bond

A surety bond (form VAPF4) in the amount of \$50,000 must be executed and filed with the Bureau of Insurance. The surety's power of attorney must also be filed.

### 5. Approval of Forms

- a) The company shall file the following forms in duplicate for approval:
  - i) Insurance Premium Finance Contract and any forms amending the contract
  - ii) Notice of Overdue Payment or Intent to Cancel
  - iii) Notice of Cancellation
- b) All forms used by the insurance premium finance company for delivery or mailing to a customer or an insurer shall be printed in 8-point type or greater and must disclose the following:
  - i) The name of the licensee exactly as it appears on the license, provided that a licensee may use a legally filed assumed or fictitious name.
  - ii) The address of the licensee, except that the forms shown in 5 a) shall include the street address.
  - iii) The telephone number of the licensee.
- c) All forms must comply with the requirements of Chapter 47 of Title 38.2 of the Code of Virginia and 14 VAC 5-390-10, et seq. No licensee shall make use of any form required to be filed that has not been given final approval.

## 6. Plan of Operation

- a) Each applicant must include as a part of the application, a description detailing its plan of operation in Virginia.
- b) The plan must include how the product will be marketed in Virginia, as well as providing information on who will be producing the business.
- c) Each applicant must include a reasonable time frame it plans to commence operations if licensed in Virginia (within 6 months).
- d) For start up applicants, the plan of operation must include the number and gross amount of agreements to be financed in year one and year two of operations.
- e) For existing foreign applicants, the plan of operation must include the number and gross amount of agreements to be financed in Virginia in year one, year two and year three of operations.

## PART II: OTHER FILINGS FOR CORPORATIONS ONLY

If the applicant is to be organized as a Virginia corporation, it must secure a Certificate of Incorporation from the Clerk of the State Corporation Commission. If the applicant is a foreign corporation, the applicant must secure a Certificate of Authority from the Clerk of the State Corporation Commission. For filing instructions and forms, the applicant may contact the Clerk of the Commission at <http://www.scc.virginia.gov/clk/index.aspx> or at (804) 371-9733.

Applicants should direct all questions regarding the requirements for licensing to the following person:

Kevin McClain  
Company Licensing and Regulatory Compliance  
(804) 371-9432  
Kevin.McClain@scc.virginia.gov

SCCBOI45 (9/22)

VAPF1  
Individual  
Or  
Partnership

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE  
RICHMOND, VA 23218**

**APPLICATION FOR LICENSE AS AN INSURANCE PREMIUM FINANCE COMPANY**

(Before filling out this form, read the instructions carefully. All answers should be printed or typed. If additional space is required to complete any statement, prepare and annex a rider. Write "None" or "Not Applicable," where appropriate.)

\_\_\_\_\_, \_\_\_\_\_  
TO THE STATE CORPORATION COMMISSION, Bureau of Insurance, Richmond, VA:

The undersigned  
\_\_\_\_\_

Desire(s) to engage in business as an Insurance Premium Finance Company pursuant to the provisions of Chapter 47 of Title 38.2 of the Code of Virginia, (does) (do) hereby make application for a license in accordance with its terms.

1. The name under which the business will be conducted is  
\_\_\_\_\_

2. Does the applicant and partnership applicant operate under an assumed name \_\_\_\_\_?  
If "yes" indicate name \_\_\_\_\_, and attach two copies of Certificate required by 59.1-69 of the Code of Virginia.

3. The number, street, office building and room number, municipality, county and state where the applicant will engage in the business for which this application is being made are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The (name and residence of individual applicant) (name and residence of each member of the Partnership applicant) are:

**Name**

**Residence**

---

---

---

---

---

5. (Complete only if applicant is a licensed insurance agent or non-resident broker.

- a) The applicant is authorized to act as an insurance agent or non-resident broker in this State. (Attach list of licenses currently in effect, stating name of company and type of license.)

---

---

- b) No license to engage in the business of an insurance agency or non-resident broker in this State has been suspended or revoked except as follows:

---

---

---

---

6. A notarized current financial statement of the applicant at the close of business as of \_\_\_\_\_, \_\_\_\_\_, is annexed hereto and made a part hereof.

7. No other business will be conducted on the licensed premise, except as follows:

---

---

---

---

8. The applicant has one or more branches, subsidiaries or affiliates operating in this State, and the complete names and addresses of such places of business are:

**Name**

**Address**

---

---

---

---

---

9. The address of the principal place of business of the applicant in this State is:

---

---

---

10. Applicant will make available all relevant books, records, accounts and documents at:

---

---

---

11. Neither the applicant, nor any member of the partnership applicant, nor any employee of the applicant has ever applied for a license to engage in the business of an Insurance Premium Finance Company in this State, except as follows: (Set forth name of applicant, date and place of application and disposition thereof).

---

---

---

---

12. Neither the applicant, nor any member of the partnership applicant, nor any employee of the applicant, previously licensed under Chapter 47 of Title 38.2 of the Code of Virginia, has had such license suspended or revoked, except as follows:

---

---

---

---

13. Neither the applicant, nor any member of the partnership applicant, nor any employee of the applicant has ever applied to any other State for a license to engage in the business of insurance premium financing, except as follows: (Set forth name of applicant, date and place of application and disposition thereof.)

---

---

---

---



18. If the applicant is a partnership, state whether it is a general partnership or limited partnership:

\_\_\_\_\_

19. The Manager of the Premium Finance business will be \_\_\_\_\_ who has the following experience:

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

20. Give the length of time that the applicant has operated an insurance premium finance business in this State or any other State (Set forth dates of operation, place of operation, and name of such operation)

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

21. It is further agreed and understood that 14 VAC 5-390 10 et seq. will have to be complied with prior to issuance of a license.

22. Please provide the applicant's Federal Employer Identification Number (EIN#)\_\_\_\_\_.

\_\_\_\_\_  
Signature of Individual Applicant

\_\_\_\_\_  
Name of Partnership Applicant

By \_\_\_\_\_  
Partner

\_\_\_\_\_  
Partner

\_\_\_\_\_  
Partner



STATE OF \_\_\_\_\_  
COUNTY (CITY) OF \_\_\_\_\_

On this day, before me personally came

\_\_\_\_\_

who being by me severally duly sworn, depose and say, and each for himself and herself did depose and say that (s) he (they) executed the foregoing instrument; and that (s) be (they) has (have) read this foregoing instrument and know (s) the contents thereof, and the above was true and complete.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Notary Public

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

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE  
RICHMOND, VA 23218**

**APPLICATION FOR LICENSE AS AN INSURANCE PREMIUM FINANCE COMPANY**

(Before filing out this form, read the instructions carefully. All answers should be printed or typed. If additional space is required to complete any statement, prepare and annex a rider. Write "None" or "Not Applicable," where appropriate.)

\_\_\_\_\_

TO THE STATE CORPORATION COMMISSION, Bureau of Insurance, Richmond, Virginia:

The undersigned corporation desires to engage in business as an Insurance Premium Finance Company pursuant to the provisions of Chapter 47 of Title 38.2 of the Code of Virginia and does hereby make application for license in accordance with its terms.

1. The name of the corporation is \_\_\_\_\_
2. Does the corporation operate under an assumed name \_\_\_\_? If "yes", indicate name \_\_\_\_\_ and attach two copies of Certificate required by 59-170 of the Code of Virginia.
3. The number, street, office building and room number, municipality, county and state where the applicant will engage in the business for which this application is being made are  
\_\_\_\_\_  
\_\_\_\_\_
4. The corporation was incorporated under the laws of the State of \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_. A certified copy of such Certificate of Incorporation, a Copy of Charter or a Copy of Articles of Incorporation and any amendments thereto as well as a copy of bylaws is annexed hereto and made a part hereof.

5. The name and residence of each director and officer of the corporation are:

<u>Name</u>	<u>Residence</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The name and residence of each stockholder who owns ten percent or more of any class of the outstanding capital stock of the corporation and the percent, number and class of the shares of stock held in the corporation are:

<u>Name</u>	<u>Residence</u>	<u>Shares of Stock Held</u>
		<u>Percent Number of Shares Class</u>
_____	_____	_____
_____	_____	_____

7. Current financial statement of the corporation at the close of business as of \_\_\_\_\_, \_\_\_\_\_ attested to by the Secretary and notarized is annexed hereto and made a part hereof. Also attached is a copy of Report made to the Home State for last year.

8. No other business will be conducted on the licensed premises, except as follows:

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

9. The Manager is \_\_\_\_\_ who has the following experience:

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

10. (Complete only if corporation is a foreign corporation.) The address of the principal place of business of the corporation is:

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

11. The corporation has one or more branches, subsidiaries or affiliates operating in this State, and the complete names and addresses of such places of business are:

---

---

---

12. The address of the principal place of business in this State is:

---

---

13. The corporation will make all relevant books, records, accounts and documents available at

---

14. Neither the corporation, nor any director, officer or employee thereof, nor any stockholder who owns ten percent or more of any class of outstanding capital stock of the corporation has ever applied for a license to engage in the business of an Insurance Premium Finance Company in this State, except as follows: (Set forth name of applicant, date and place of application and disposition thereof.)

---

---

15. Neither the corporation, nor any director, officer or employee thereof, nor any stockholder who owns ten percent or more of any class of outstanding capital stock of the corporation previously licensed under Chapter 47 of Title 38.2 of the Code of Virginia, has had no such license suspended or revoked, except as follows:

---

---

16. Neither the corporation, nor any director, officer or employee thereof, nor any stockholder who owns ten percent or more of any class of outstanding capital stock of the corporation has ever applied to any other State for a license to engage in the business of insurance premium financing, except as follows: (Set forth name of applicant, date and place of application and disposition thereof.)

---

---

17.No license to engage in the business of an Insurance Premium Finance Company, issued by any other State to the corporation, or to any director, officer or employee thereof, nor any stockholder who own ten percent or more of any class of outstanding capital stock of the corporation has ever been suspended or revoked, except as follows: (Set forth name of the licensee, date and place of suspension or revocation of license, and reason for such suspension or revocation.)

---

---

---

18.No finding has been made by the State Corporation Commission or other proper authority that the corporation or any director, officer or employee thereof, nor any stockholder who owns ten percent or more of any class of outstanding stock of the corporation has violated any provisions of the Insurance Laws of the State of Virginia or any other State or has violated any rule or regulation lawfully made by the State Corporation Commission in this State or by the insurance regulatory authority of any other State, except as follows:

---

---

19.No director, officer or employee thereof, nor any stockholder who owns ten percent or more of any class of outstanding capital stock of the corporation has ever been arrested, indicted or convicted for any crime in any jurisdiction, except as follows: (Set forth date, place, charge, and name of defendant.)

---

---

20.Give the length of time that the applicant has operated an insurance premium finance business in this State or any other State (Set forth dates of operations, place of operation and name of such operation.)

---

---

21.It is further understood that 14 VAC 5-390-20 will have to be complied with prior to issuance of a license.

22. Please provide the applicant's Federal Employer Identification Number (EIN#) \_\_\_\_\_.

\_\_\_\_\_  
Name of corporate applicant

By \_\_\_\_\_  
President

ATTEST: \_\_\_\_\_  
Secretary

(Corporate Seal)

STATE OF \_\_\_\_\_  
COUNTY (CITY) of \_\_\_\_\_

On this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, \_\_\_\_\_ and \_\_\_\_\_ known to me to be the individuals described in and who executed the foregoing instrument as the president and secretary of the above named

\_\_\_\_\_ a corporation, and severally acknowledged to and before me that they executed such instrument as such president and secretary, respectively, of said corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation, and that it was affixed to said instrument by due and regular corporate authority, and that they read the foregoing instrument and know the contents thereof, and the same are true and complete.

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

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

**VAPF3**

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE  
P.O. BOX 1157  
RICHMOND, VIRGINIA 23218**

**FINANCIAL STATEMENT**

**In connection with application for license of an  
Insurance Premium Finance Company**

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

TO THE STATE CORPORATION COMMISSION, Bureau of Insurance, Richmond  
Virginia:

The undersigned makes the following statement of all its assets and liabilities at  
the close of business as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and  
gives other material information in support of an application by \_\_\_\_\_  
\_\_\_\_\_ for a  
license as an Insurance Premium Finance Company.

**ASSETS**

Cash (See Schedule No. 1)	_____
Accounts and Loans Receivable	_____
Notes Receivable	_____
Notes Receivable, Discounted	_____
Life Insurance Cash Surrender Value	_____
Securities (See Schedule No. 2)	_____
Mortgages Owned	_____
Real Estate (See Schedule No. 3)	_____
Automobiles	_____
Other Assets (Itemize):	_____
_____	_____
_____	_____
<b>TOTAL ASSETS</b>	_____

Please Designate Whether Receivable and Payable are Long or Short Term

**LIABILITIES AND NET WORTH**

Notes Payable to Banks Unsecured (See Schedule No. 1) \_\_\_\_\_  
Notes Payable to Banks Secured (See Schedule No. 1) \_\_\_\_\_  
Notes Receivable, Discounted \_\_\_\_\_  
Notes Payable to Others, Unsecured \_\_\_\_\_  
Loans against Life Insurance \_\_\_\_\_  
Accounts Payable \_\_\_\_\_  
Interest \_\_\_\_\_  
Taxes and Assessments Payable \_\_\_\_\_  
Brokers Margin Accounts \_\_\_\_\_  
Mortgages Payable on Real Estate (See Schedule No. 3) \_\_\_\_\_  
Other Liabilities (Itemize): \_\_\_\_\_

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

**TOTAL LIABILITIES** \_\_\_\_\_

**NET WORTH**

Preferred Stock \_\_\_\_\_  
Common Stock \_\_\_\_\_  
Surplus \_\_\_\_\_

**TOTAL NET WORTH** \_\_\_\_\_

**TOTAL LIABILITIES AND NET WORTH** \_\_\_\_\_



**SUPPLEMENTAL SCHEDULES**

**No. 1 BANKING RELATIONS (A list of all bank accounts, including savings)**

Name and Location of Bank	CASH BALANCE	AMOUNT OF LOAN	How Endorsed Guaranteed or Secured

**No. 2 SECURITIES OWNED (Stocks, Bonds, etc., but not Mortgages)**

FACE VALUE (BONDS) NO. OF SHARES (STOCKS)	DESCRIPTION OF SECURITY	COST	PRESENT MARKET VALUE	TO WHOM PLEDGED

**No. 3 REAL ESTATE OWNED**

LOCATION AND DESCRIPTION	COST WITH IMPROVEMENTS	ASSESSED VALUE	PRESENT VALUE

**No. 4 MORTGAGES PAYABLE (\* Before Depreciation)**

AMOUNT	MATURITY	YEARLY RENTAL	GROSS INCOME	YEARLY OPER. EXPENSES	*YEARLY NET RENTAL INCOME	TAXES, ASSETS, & INT. DUE & UNPAID

**CONTINGENT LIABILITY.** The undersigned has no contingent liabilities, as endorser, guarantor, or otherwise, except the following: (Give Details) \_\_\_\_\_

\_\_\_\_\_

**SUITS, JUDGMENTS AND OTHER LEGAL ACTIONS.** There are outstanding or pending against the undersigned, no suits, judgments, or other legal actions, and, to the best of the undersigned's knowledge, no legal actions are to be started against the undersigned, except as follows: (Give Details)

---

---

---

**PLEDGE, ASSIGNMENT, AND TRANSFER OF TITLE OF ASSETS.** As of the date of the statement of assets and liabilities, included in this financial statement, the undersigned has not pledged, assigned, hypothecated, or transferred the title of any of the assets as listed heretofore, except as noted in the various schedules of this financial statement; and the undersigned has not pledged, assigned, hypothecated, or transferred the title of any such assets, except as follows: (Give Details)

---

---

---

The undersigned has carefully read the foregoing statements and all printed and written matter therein, and hereby certifies that all the statements are known to me to be true and to give a correct showing of the undersigned's financial condition, and that the undersigned has no liabilities, direct or contingent, business or accommodation, except as set forth in said complete statement, and that the legal and equitable title to all assets therein set forth is in the name of the undersigned solely, except as otherwise noted therein.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Corporation  
By \_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

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

**VAPF4**

**Bond No.** \_\_\_\_\_

**BOND FOR INSURANCE PREMIUM FINANCE COMPANY**

**(TO COMPLY WITH SECTION 38.2-4708 OF THE CODE OF VIRGINIA)**

**KNOWN ALL MEN BY THESE PRESENTS, That** \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_,

as Principal, and \_\_\_\_\_,

a corporation organized and existing under the laws of the State of \_\_\_\_\_

and authorized to do the business of the Commonwealth of Virginia, as Surety are held and firmly bound unto the COMMONWEALTH OF VIRGINIA in the penal sum of FIFTY THOUSAND DOLLARS (\$50,000) for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, successors, and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED AND DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the Principal has applied to the State Corporation Commission of the Commonwealth of Virginia for a license to engage in the business of financing insurance premiums pursuant to Section 38.2-4701 of the Code of Virginia and in accordance with Section 38.2-4708 thereof, is required to give a surety bond unto the COMMONWEALTH OF VIRGINIA.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall be licensed by the State Corporation Commission to conduct such business and if the Principal shall conduct such business in full compliance with the provisions of the laws of the Commonwealth of Virginia and rules and regulations prescribed by the State Corporation Commission pursuant to law pertaining to Insurance Premium Finance Companies, then this obligation shall be null and void; otherwise to remain in full force and effect;

CONDITIONED FURTHER, that this bond shall be for the use and benefit of the Commonwealth of Virginia and for any person having a cause of action against the Principal arising out of breaches of the above-mentioned laws and regulations; provided, however, that in no event shall the liability of the Surety to all such persons for all breaches of the conditions of this bond exceed in the aggregate of the penal sum of this bond.

The Surety may be released from liability for future breaches of the condition of this bond giving (30) days written notice to the Principal and the Commissioner of Insurance, State Corporation Commission, Commonwealth of Virginia, of its desire to be released.

IN WITNESS WHEREOF, the said Principal has hereunto set his hand and seal and the said Surety has caused these presents to be signed by its duly authorized officer or Attorney-in-Fact and its corporate seal affixed on the day and year written above.

(SEAL)

\_\_\_\_\_  
(PRINCIPAL)

By \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
(SURETY)

BY \_\_\_\_\_