



Premium Service Company (PSC) Renewal Application Additional Questionnaire Form

Please complete the information below in addition to the NIPR Uniform Application and email it to the email address above.

Section 1. Applicant Demographic Information:

Name of Company (PSC):	SCDOI License Number:
Name and Title of Business Contact: (*Must be Officer/Director for the PSC)	Business Contact Direct Telephone and Email: (*Must be for the PSC, not the Compliance Company)
Name and Title of Primary Contact: (*Must be different from the above)	Primary Contact Direct Telephone and Email: (*Must be different from the above)

Applicant's Agent for service of process in South Carolina:

Name:	Title:
Direct Telephone:	Contact Email:
Mailing Address:	

Consumer Complaints and Other Compliance Matters Contact Information:

Note: The SCDOI will contact this person regarding consumer complaints and other compliance matters.

Name:	Title:
Direct Telephone:	Contact Email:
Mailing Address:	

Section 2. Business Organization:

<p>1. Are you authorized to transact business in South Carolina? Attach the Certificate of Authority or Existence from the SC Secretary of State. The Certificate must be for the current year.</p>	<p>Yes – submitted via email to specialtylicensing@doi.sc.gov</p>		
<p>2. Are all original contracts for financed agreements on file in the office of your organization at the address shown on your license? If no, explain on additional attachment.</p>	<p>Yes No</p>		
<p>3. Have all the forms used by you been assigned a form number or identification number? If no, explain on additional attachment.</p>	<p>Yes No</p>		
<p>4. The official responsible for supervision of offices in this State is:</p>	<p>Name: Title: Address:</p>		
<p>5. Where are the general ledgers kept?</p>			
<p>6. What changes have been made during the year in the management or the directors of the company?</p>			
<p>7. As of December 31, how many people were in the employment of your premium finance business?</p>			
<p>8. Identify the person(s) owning at least 10% of the outstanding stock. Attach additional information on a separate page.</p>			
<p>Provide the following:</p>			
Name and Address	Percentage of Ownership	Par Value Per Share	Dividends Cumulative

9. Identify the owner(s) with 10% or greater ownership of the business. Indicate the shares owned or percentage of ownership. List the representative or voting persons of entities listed as owners. Attach additional pages if needed.

Name and Address	Percentage of Ownership

10. Identify each member of the Board of Directors, Members Board, Partners, or other governing persons of the business entity. Attach additional pages if needed.

Name and Address	Title

11. Provide a copy of the Certificate of Authority/ Certificate of Existence (Certificate of Good Standing) from the South Carolina Secretary of State. (<https://sos.sc.gov>)

12. Provide a Biographical Affidavit for each controlling person of the Premium Service Company applying for licensure. Note: Must complete and submit the NAIC Biographical Affidavit Form

13. Complete and attach a copy of the Annual Statement.

Section 3. Financial Requirements:

Pursuant to §38-39-30 (4), a Premium Service Company must have on deposit with the Department a surety bond of fifty thousand dollars or has proven financial responsibility by depositing with the Department acceptable securities of fifty thousand dollars.

12. Select and attach the financial requirement the business entity will provide:	<input type="checkbox"/> Surety Bond <input type="checkbox"/> Deposit of Securities
13. Required Annual Statement completed and attached? (Regulation 69-10 (28)).	Yes – submitted via email to specialtylicensing@doi.sc.gov
14. Are officers of the corporation bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, state the amount of bond for each and whether given by surety company or by individuals. Attach additional pages if needed.	

Section 4: Business Activity:

15. In what states, territories, or foreign countries is the company authorized to transact business and any licenses held in each?
16. During the year of this statement, has any changes been made in the charter, by-laws, articles of incorporation, or deed of settlement of the company? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If not previously filed, furnish a copy.</i>
17. Describe any other business conducted in the same office as your premium financing?
18. At the close of business December 31st, were all transactions of the year truthfully and accurately entered on the books? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain: _____ _____

<p>19. Were there any contingent liabilities not recorded on the books? (Loans endorsed, lawsuits, etc). Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, explain: _____</p> <p>_____</p> <p>_____</p>
<p>20. Are your files and bank accounts separate and apart from all other businesses? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>21. Have the instructions accompanying this statement been followed in every detail? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>22. What interest, direct or indirect, has this company in the capital stock of any other company?</p>
<p>23. Total amount loaned during the year to directors or other officers?</p>
<p>24. Total amount loaned during the year to stockholders not officers?</p>
<p>25. Total amount of loans outstanding at the end of the year to directors or other officers?</p>
<p>26. Total amount of loans outstanding at the end of the year to stockholders not officers?</p>
<p>27. How many shares of common and preferred stock are presently outstanding?</p>
<p>28. What is the number of shares authorized?</p>
<p>29. What is the par value of these stocks?</p>
<p>30. During the period of this statement, were any of the stocks, bonds, or other assets of the company loaned? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, give full and complete information: _____</p>
<p>31. During the period of this statement, did any person while an officer, director, or trustee of the company receive any compensation, other than salary, on the business transactions of the company?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, give full and complete information: _____</p> <p>_____</p>
<p>32. Is the purchase or sale of all investments of the company passed upon either by directors or by a subordinate committee thereof?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>33. Does the company keep a complete permanent record of the proceedings of its board of directors and all subordinate committees?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Section 5. Attestation

I certify that I will comply with all applicable provisions of Title 38, Chapters 39 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the license or imposition of administrative penalties for the Applicant under which this form is required.

Print Name of Officer or Authorized Representative:	Title:
Signature:	Date:

Subscribed and sworn to me before this _____ day of _____, 20_____

Notary Signature _____

My Commission Expires _____

County of _____

State of _____

(Notary Seal Affixed Here)

Please be aware that all correspondence regarding this application will occur via email through our online system. The email address used for this correspondence is sbs@naic.org. We recommend you save this email address to ensure you receive any future system-generated emails. However, **please do not reply to sbs@naic.org, as messages sent to that address will not be received.** All correspondence and documents regarding your license should be sent to specialtylicensing@doi.sc.gov.