



### Premium Service Company Renewal Application Additional Questions

Company Name \_\_\_\_\_  
License Number \_\_\_\_\_

Renewal Year \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

1. Is there a physical office in the State of South Carolina?  
\_\_\_\_\_
2. At the close of business December 31<sup>st</sup>, were all the transactions of the year truthfully and accurately entered on the books?  
\_\_\_\_\_
  - a. If no, explain: \_\_\_\_\_
3. Are all original contracts for financed agreements on file in the office of your organization at the address shown on your license?  
\_\_\_\_\_
  - a. If no, explain: \_\_\_\_\_
4. Describe any other business conducted in the same office as your premium financing.  
\_\_\_\_\_  
\_\_\_\_\_
5. The official responsible for supervision of offices in this state is:
  - a. Name: \_\_\_\_\_
  - b. Title: \_\_\_\_\_
  - c. Address: \_\_\_\_\_
6. Where are the general ledgers kept?  
\_\_\_\_\_
7. What changes have been made during the year in the management or the directors of the company?  
\_\_\_\_\_



8. As of December 31<sup>st</sup>, how many people were in the employment of your premium finance business? \_\_\_\_\_
9. Have all the forms used by you been assigned a form number or identification number? \_\_\_\_\_
10. Were there any contingent liabilities not recorded on books? (loans endorsed, law suits, etc.) \_\_\_\_\_
- a. If yes, explain: \_\_\_\_\_
11. Are your files and bank accounts separate and apart from all other businesses? \_\_\_\_\_
12. Have the instructions accompanying this statement been followed in every detail? \_\_\_\_\_
13. Which type of Security is pledged to the SC Department of Insurance?  
\_\_\_\_\_ Surety Bond  
\_\_\_\_\_ Certificate of Deposit
14. Are officers of the corporation bonded? \_\_\_\_\_
- a. If yes, state amount of bond for each and whether given by surety company or by individuals. *Attach on separate page*
15. Identify the person(s) owning at least 20% of the outstanding stock. *attach additional on separate page*
- a. Name/Address: \_\_\_\_\_
- b. Number of Shares: \_\_\_\_\_
- c. Percent of Ownership: \_\_\_\_\_
- d. Par Value per share: \_\_\_\_\_
- e. Are dividends cumulative? \_\_\_\_\_
16. Identify the owner(s) with 10% or greater ownership of the business. Indicate the shares owned or percentage of ownership. List the representing or voting persons of entities listed as owners. *attach additional on separate page*
- a. Name/Address: \_\_\_\_\_
- b. Percent of Ownership: \_\_\_\_\_
17. Identify each member of the Board of Directors, Members Board, Partners, or other governing persons of the business entity. *attach additional on separate page*
- a. Name/Address: \_\_\_\_\_
- b. Title: \_\_\_\_\_



18. Identify all Officers, Managers, and/or Members, Partners, or Individuals of the business entity. *attach additional on separate page*

a. Name/Address: \_\_\_\_\_

b. Title: \_\_\_\_\_

19. What interest, direct or indirect, has this company in the capital stock of any other company?

\_\_\_\_\_

20. Total amount loaned during the year to directors or other officers?

\_\_\_\_\_

21. Total amount loaned during the year to stockholders not officers?

\_\_\_\_\_

22. Total amount of loans outstanding at the end of the year to directors or other officers?

\_\_\_\_\_

23. Total amount of loans outstanding at the end of the year to stockholders not officers?

\_\_\_\_\_

24. Did any person while an officer, director, or trustee of the company receive, directly or indirectly, during the period covered by this statement, any compensation other than salary on the business transactions of the company?

\_\_\_\_\_

25. Were any of the stocks, bonds, or other assets of the company loaned during the year covered by this statement?

\_\_\_\_\_

a. If yes, give full and complete information. \_\_\_\_\_

26. Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the company? *If not previously files, furnish a certified copy.*

\_\_\_\_\_

27. In what states, territories, or foreign countries is the company authorized to transact business?

\_\_\_\_\_

28. Is the purchase or sale of all investments of the company passed upon either by directors or by a subordinate committee thereof?

\_\_\_\_\_

29. Does the company keep a complete permanent record of the proceedings of its board of directors and all subordinate committees?



30. How many shares of common and preferred stock are at present outstanding? \_\_\_\_\_

31. What is the number of shares authorized? \_\_\_\_\_

32. What is the par value of these stocks? \_\_\_\_\_

33. Financial Statement attached? \_\_\_\_\_

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 registration or imposition of administrative penalties for the Applicant under which this form is required.

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Name \_\_\_\_\_  
Position \_\_\_\_\_

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

Notary Signature \_\_\_\_\_  
My Commission Expires \_\_\_\_\_  
County of \_\_\_\_\_  
State of \_\_\_\_\_

*(Notary Seal Affixed Here)*

