

Premium Finance Supplemental Application (FORM PF1A)

SECTION I - DEMOGRAPHIC INFORMATION

1. Applicant Name (indicate name of sole proprietor, partners or corporation): _____

2. Name under which applicant operates or will operate if other than above (assumed name certificate must be filed):

3. This application is for:
 Additional Location Relocation Name Change*
 Change of Ownership Name/Ownership Change*
*Name of current licensee: _____
4. Address at which applicant will operate and maintain records of Texas business:
 - a. Street _____
 - b. City _____ State _____ Zip _____
 - c. Mailing Address _____
 - d. City _____ State _____ Zip _____
5. Telephone number (physical location) _____

SECTION II - ADDITIONAL REQUIREMENTS

ADDITIONAL REQUIREMENTS, AS INDICATED ON THE ENCLOSED CORRESPONDING SCHEDULE, ARE SUBMITTED AS REQUIRED:

FIN170 - SCHEDULE A

ADDITIONAL LOCATION

FIN171 - SCHEDULE B

RELOCATION

FIN172 - SCHEDULE C

NAME CHANGE

FIN173 - SCHEDULE D

CHANGE OF OWNERSHIP

FIN172 & FIN173 - SCHEDULES C & D

NAME and OWNERSHIP CHANGE

SECTION III - CERTIFICATION

I hereby execute this form and upon oath affirm that all statements in it and in all supporting schedules, documents and exhibits are true, correct and are made for the purpose of securing the license indicated herein. Additionally, I hereby certify that all business forms will conform to the requirements of Chapter 651 of the Texas Insurance Code.

(Signature)

(Date)

Officer Partner Sole Proprietor

Subscribed and sworn to before me, by the said _____
(Name and Title)

this _____ day of _____, 20_____, to certify which witness my hand and seal of office.

(SEAL)

Notary Public (Signature)

Printed or Stamped Name

_____ County,

State of _____

My Commission Expires _____