

**QUESTIONNAIRE - PREMIUM FINANCE APPLICANT (FORM PF3)**

	Yes	No
<p>1. Does applicant intend to carry on, engage in, or permit any other business in the licensed location? <b>If yes</b>, describe other business or businesses in detail in a separate statement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Is the business for which license is requested now in operation? <b>If yes</b>, give date established and names under which it operates in a separate statement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Does applicant have available for the operation of the business <b>net assets</b> of at least \$25,000?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Prior to this application, has the applicant or any affiliate been involved in the ownership or control of a premium finance company or any credit granting business in Texas or any jurisdiction? <b>If yes</b>, give details in a separate statement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Does applicant have a working knowledge of the laws and regulations governing premium finance business, including Chapter 651 of the Texas Insurance Code, Chapter 25 of the Texas Administrative Code, Texas Finance Code and Regulation Z, Truth in Lending?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Has applicant or any parent, subsidiary or affiliate ever been:</p> <p>A) Denied any license or permit or renewal thereof, withdrawn any application to avoid denial or had any license or permit suspended, cancelled or revoked by any governmental authority?</p> <p>B) Held liable for fraud in any civil suit or found guilty of any crime?</p> <p>C) Subject of bankruptcy or receivership? <b>If yes</b>, to A, B or C, give details in a separate statement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. In the event of issuance of license, does applicant agree to abide by all lawful directives of the Texas Department of Insurance and notify the Texas Department of Insurance promptly of any change in the information given in this application?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Is the applicant aware that a change of ownership (10% or more), change in name and/or change in location requires <b>prior</b> approval of the Texas Department of Insurance?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Does applicant agree to maintain books and records in a manner which will enable the Texas Department of Insurance to verify compliance with applicable statutes, regulations and lawful orders of the Texas Department of Insurance and readily distinguish between classes of business and permit the filing of accurate, complete annual reports?</p>	<input type="checkbox"/>	<input type="checkbox"/>

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 10. Are you affiliated or have common ownership with the following ? (check all that apply):<br><b>If yes, please give details in separate statement.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Insurance Agent <input type="checkbox"/> Managing General Agent <input type="checkbox"/> Bank, Savings & Loan and/or Credit Union   |                          |                          |
| <input type="checkbox"/> Insurer <input type="checkbox"/> Another Premium Finance Co. <input type="checkbox"/> Regulated Loan Company  |                          |                          |
| 11. Does applicant intend to limit financing premiums of own or affiliated agency?<br><b>If no, please give details in separate statement.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. What date do you anticipate commencing business under the license applied for?<br>_____  |                          |                          |
| 13. Does applicant understand that he/she is not to engage in the business of financing insurance premiums until (1) you have actually received your license or (2) you have been notified by the Texas Department of Insurance that your license has been issued? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Please indicate the anticipated area of operation from operating address.<br><input type="checkbox"/> Intrastate <input type="checkbox"/> Interstate <input type="checkbox"/> Trade area of licensed location  |                          |                          |
| 15. In the event of issuance of license, is the applicant aware that the license issued to the applicant must be conspicuously displayed at the place of business named on the license?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Will applicant use a Software Company?<br><b>If yes, please give name</b> _____  | <input type="checkbox"/> | <input type="checkbox"/> |

**Your rights:** You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to [RecordCorrections@tdi.texas.gov](mailto:RecordCorrections@tdi.texas.gov) or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.