



Premium Finance Company Licensure Personal Questionnaire
Form DOI-5PF

INSTRUCTIONS: Fully complete all portions of this questionnaire. New applicants for premium finance company licensure require separate submissions by each individual owner, governing member, director and officer. Existing licensees must submit updated forms for new and/or existing owners, governing members and officers. **(Make additional copies as needed)**

GENERAL INFORMATION

Applicant/Company Name:		NC Permit Co. #:
Individual's Name:		
Title/Position:		
Business Street Address of the Applicant/Licensee:	City/State/ZIP:	
Mobile Number:	Work Telephone:	
	Email Address:	

RELATIONSHIP TO APPLICANT

<input type="checkbox"/>	Owner (10% interest or more)	<input type="checkbox"/>	General/Limited Partner	<input type="checkbox"/>	Officer/Director
<input type="checkbox"/>	Stockholder (10% interest or more)	<input type="checkbox"/>	Governing Member	<input type="checkbox"/>	Other:

EMPLOYMENT HISTORY

Provide employment information for the past five (5) years.

Employment Dates:	Title:
Company Name:	Telephone:
Street Address:	City/State/ZIP:
Employment Dates:	Title:
Company Name:	Telephone:
Street Address:	City/State/ZIP:
Employment Dates:	Title:
Company Name:	Telephone:
Street Address:	City/State/ZIP:

Last Name: _____

DOI-5PF (cont'd)

BACKGROUND INFORMATION

Provide an answer to all questions. Explanations are required for some of the questions answered 'YES.'

- 1) Have you read and fully understand Chapter 58, Article 35 of the North Carolina General Statute pertaining to operating a premium finance company in NC? [] YES [] NO
- 2) Have you ever been engaged in any type of premium financing activity? [] YES [] NO
- 3) Have you ever had your license (any type) revoked and/or had an administrative action taken against you by a regulatory agency? [] YES [] NO
- 4) Have you ever had an application denied in any other state as an owner, governing member or officer of a premium finance company? [] YES [] NO
- 5) Have you ever been convicted of a criminal offense and/or is there a criminal charge pending against you (excluding minor traffic violations) in any jurisdiction? If YES, summarize charge and state. [] YES [] NO
- 6) Do you have a current child support obligation? [] YES [] NO
 - (a) Are you currently in compliance with any child-support obligation, if applicable? [] YES [] NO

REFERENCES

Provide contact information for three (3) individuals, not related to you, who can attest to your reputation for honesty and fair dealings.

Reference Name:	
Street Address:	City/State/ZIP:
Work Telephone:	Mobile Number:
Email Address:	Relationship to You:

Reference Name:	
Street Address:	City/State/ZIP:
Work Telephone:	Mobile Number:
Email Address:	Relationship to You:

Reference Name:	
Street Address:	City/State/ZIP:
Work Telephone:	Mobile Number:
Email Address:	Relationship to You:

I hereby certify the undersigned has executed the foregoing personal questionnaire NC DOI-5PF. The information and statements contained in this questionnaire, including all documents attached and other information filed thereafter as a part, are correct, true, accurate, and complete.

NAME (print): _____ SIGNATURE: _____

DATE: _____



MAIL: NC/State of DOI - P.O. Box 742175 - Atlanta, GA 30374-2175 FAX: (888) 959-3010 - EMAIL: northcarolinalicensingofficeNIBE@pearson.com

