



Premium Finance Company Branch Office Application

In accordance with North Carolina General Statutes, Chapter 58, Article 35, no person except an authorized insurer shall engage in the business of an insurance premium finance company without obtaining a license from the Commissioner of Insurance.

This form should only be used to either ADD or DELETE branches for existing licensees

LICENSEE GENERAL INFORMATION

Licensee/Company Name:		NC License #:
Street Address:		
City/State/ZIP:		
Office Telephone:	Email Address:	

BRANCH OFFICE ADDITIONS

Branch offices registered with NCDOI may operate under the same license number as the premium finance company's main office. The non-refundable statutory licensing fee is \$100.00 per branch + \$48.00 application processing fee.

Branch Name:	Effective Date:
Street Address:	
City/State/ZIP:	Telephone:
Branch Manager/Contact Person:	
Email Address:	

Branch Name:	Effective Date:
Street Address:	
City/State/ZIP:	Telephone:
Branch Manager/Contact Person:	
Email Address:	

Branch Name:	Effective Date:
Street Address:	
City/State/ZIP:	Telephone:
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Email Address:	

Branch Name:	Effective Date:
Street Address:	
City/State/ZIP:	Telephone:
Branch Manager/Contact Person:	
Email Address:	



NC LICENSE # _____

BRANCH OFFICE DELETIONS

Branch Name:	NCDOI Branch Office Number:
Street Address:	
City/State/ZIP:	Effective Date:
Branch Name:	NCDOI Branch Office Number:
Street Address:	
City/State/ZIP:	Effective Date:
Branch Name:	NCDOI Branch Office Number:
Street Address:	
City/State/ZIP:	Effective Date:
Branch Name:	NCDOI Branch Office Number:
Street Address:	
City/State/ZIP:	Effective Date:

PAYMENT INFORMATION

The non-refundable statutory licensing fee is \$100.00 per branch + \$48.00 application processing fee. Make checks payable to NC Department of Insurance. There is no charge for deleting a branch.

QTY	DESCRIPTION	TOTALS
	Branch Additions: Licensing Fee @ \$100.00 each	= \$
	Processing Fee (branch office additions only)	= \$ 48.00
Total Check Amount		= \$

**** No Charge for Branch Deletions**

OFFICER AUTHORIZATION

I hereby certify that on this _____ day of _____, 20_____, the undersigned has executed the foregoing Premium Finance Company Branch Office Application. The information is correct, true, accurate, and complete.

NAME (print): _____ SIGNATURE: _____

MAILING INFORMATION

NOTE: Please ensure that the License number is on every document.

US POSTAL SERVICE	OVERNIGHT DELIVERY
NC/State of DOI	Bank of America Lockbox Services
P.O. Box 742175	Lockbox #742175
Atlanta, GA 30374-2175	6000 Feldwood Road
	College Park, GA 30349