



Premium Finance Company Application

Return completed form to:
BrickStreet Mutual Insurance
P.O. Box 153
Charleston, WV 25321

Or fax to: 304.941.1185

| | | | | |
|------------------------------|---------------------|--------|--------------------------------|-----|
| APPLICANT INFORMATION | Legal Business Name | | Trade or DBA Name | |
| | Contact Name | | FEIN or Social Security Number | |
| | Telephone | | Fax | |
| | E-mail Address | | | |
| | Mailing Address | | | |
| | City | County | State | Zip |

| | | | | |
|---------------------------|---|--|--|--|
| SUMMARY OF COMPANY | How many years has your company been in business? | | | |
| | What is the asset size of your company? | | | |
| | Provide a brief history of your company. | | | |
| | Please provide current proof of insurance coverage for workers' compensation, general liability and error and omissions policies. | | | |
| | List all states in which your company conducts business. | | | |
| | List all other lines of insurance that your company finances. | | | |

| | | | |
|--------------------------|------|-------|------------------------|
| OWNERS / OFFICERS | Name | Title | Social Security Number |
| | Name | Title | Social Security Number |
| | Name | Title | Social Security Number |

| | |
|---|--|
| Please attach a current Financial Statement of your company and the previous two years' Financial Statements. | |
| Please provide a copy of your company's West Virginia Business License. | |

| | | |
|------------------------------|-----------------------|------|
| Applicant's Signature | Applicant's Signature | |
| | Title | Date |

* Please include your company's Standard Client Premium Finance Agreement and your company's Standard Power of Attorney documents for our review.

| <i>For Official Use Only</i> | |
|------------------------------|--|
| Date Received | |
| Reviewed by | |
| Date | |
| Approved by | |