

INSURANCE PREMIUM FINANCE

RELOCATION APPLICATION

Ohio Insurance Premium Finance Act

Ohio Revised Code Sections 1321.20, 1321.21, 1321.71 to 1321.84, 1321.99
Ohio Administrative Code 1301:8-4



Ohio Department Of Commerce Division Of Financial Institutions

77 South High Street, 21st Floor

Columbus, Ohio, 43215-6120

Telephone: (614)728-8400

www.com.state.oh.us/dfi

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.

"An Equal Opportunity Employer and Service Provider"

For DFI Use Only
Issue Date _____
File ID _____

INSURANCE PREMIUM FINANCE RELOCATION APPLICATION

Ohio Revised Code Sections 1321.20, 1321.21, 1321.71 to 1321.84, 1321.99

Ohio Administrative Code 1301:8-4

Print or Type in Blue or Black Ink

This application is for **Relocation** only

1. Name of Licensee _____
(Must be same business entity as original license.)
 (a) License Number _____
2. Federal Tax ID Number _____
3. Fictitious name or d/b/a, if applicable _____
4. Present Address of License _____
(As stated on license)
 City, Village or Township _____ State _____ County _____ Zip Code _____
 (a) Indicate your present License Number: PB- _____
5. Relocation To _____
 City, Village or Township _____ State _____ County _____ Zip Code _____
(Physical Location)
 (a) Is the address to be licensed zoned for this type of business? Yes No If not, a new license cannot be issued.
6. The date of the proposed relocation _____
(This application must be submitted at least 30 days prior to the effective move date.)
7. How was the new location within the political subdivision (City, Village or Township) verified? (U.S. Post Office, County Engineer, etc.) _____
8. Indicate the proposed business hours and days of this location _____
 Telephone Number (_____) _____
9. Will all books, records, files, etc. from business conducted under your present license be transferred to the new location?
 Yes No If no, attach a separate sheet marked "**Schedule 9**", giving complete details.
10. Upon receipt of your Relocation License you **must** return your present license.

For DFI Use Only	Fee:	If there is a change in the political sub-division, the following fees apply:	
		\$387.50 if license is issued from 1/1 to 6/30	
		\$575.00 if license is issued from 7/1 to 12/31	
Check No. _____	Amount _____	Date _____	Rec. By _____
TC: 100-PF	Pay-In # _____	Deposit Date _____	RS: 2341-03
TC: 80-PF	Pay-In # _____	Deposit Date _____	RS: 2341-03

INSURANCE PREMIUM FINANCE RELOCATION APPLICATION

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Ohio Administrative Code 1301:8-4

(Continued)

Company Name: _____

ATTESTATION

NOTE: This application must be signed by:

- The owner if applicant is a sole proprietor;
- At least two partners if the applicant is a partnership;
- At least two members if applicant is a limited liability company(if applicable); or
- At least two officers if the applicant is a corporation.

I (We), the undersigned, swear or affirm that this application and any attachments have been prepared or carefully reviewed by me (us) and that these constitute a complete, truthful, and correct statement of all information requested herein. I (We) realize that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted hereunder, and is subject to criminal prosecution under Section 2921.13 of the Ohio Revised Code.

Printed Name (Person 1) Title Date

Printed Name (Person 2) Title Date

Signature (Person 1)

Signature (Person 2)

Fee: **If there is a change in the political sub-division, the following fees apply:**

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For DFI Office Use Only

Date application approved _____

By _____, Superintendent

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