

Date	ALASKA PREMIUM FINANCING ACT AS 06.40 OFFICE MANAGER'S QUESTIONNAIRE LICENSEE:	License No.
------	---	-------------

1. Does licensee do any advertising in Alaska? _____ If so, provide samples of ads.

2. Are the insured's monthly payments made at the beginning of the period or at the end of the period?

3. Is interest calculated on a 360 or 365-day basis?

4. How long a notice period is being given by the licensee to an Alaskan borrower:
 - (a) concerning its intent to cancel the insurance policy and

 - (b) concerning the notice of cancellation?

5. AS 06.40.140 regarding cancellation of insurance policies requires that both the intent to cancel and the cancellation itself be sent to the borrower by certified mail or documented by an affidavit of mailing. In what manner is the licensee complying with this requirement?

6. Regarding notices of intent to cancel, and the notice of cancellation, are copies being sent by certified mail or documented by affidavit of mailing to the insurance agent as is required by AS 06.40.140(b) and (c)?

7. AS 06.40.140(c) requires the notice of cancellation be sent to the insurer by certified mail or documented with an affidavit of mailing. In what manner is licensee complying with this requirement?

8. List all premium finance agreements where collection of a deficiency balance is being pursued from an Alaskan consumer. State name and address of insured, agreement numbers and circumstances. NOTE: commercial and life insurance policies are exempt.

9. Have there been any management changes since the last examination? If so, list names, title, type of action (promotion/hire/separation, etc.) And date of action.

10. Provide a discussion/explanation of how licensee's office is ensuring compliance with AS 06.40.150 regarding return of unearned premiums.
 - (a) Is the licensee returning unearned premiums of one dollar or more?

Date	ALASKA PREMIUM FINANCING ACT AS 06.40 OFFICE MANAGER'S QUESTIONNAIRE LICENSEE:	License No.
------	---	-------------

11. What is the licensee's present balance of its borrowings?

12. Who are licensee's creditors?

13. What are the days of business and business hours of the licensee?

14. For how long after the final entry relating to a contract/agreement is the licensee preserving its records concerning the transactions of that agreement?

15. List each Alaska insurance agency licensee obtains contracts through. Specify the approximate percentage of total business generated by each agency.

16. What is the average length of time after the effective date of insurance coverage before licensee advances funds to the insurance agent placing policy or insurance company (insurer)?

17. Is the licensee currently involved in litigation with any Alaska insured or Alaska agency? If so, explain.

18. AS 06.40.130(b) requires that a borrower/insured have an option to separate the financing of the premiums for one insurance policy from a premium finance agreement by requesting this service in writing. Is the licensee providing this service?

19. If licensee is an affiliate or subsidiary, indicate the name, location, nature of business, manner or purpose of affiliation, and period of existence as such.

20. Provide **both** the **number** of active Alaska accounts and the **total dollar amount** of active Alaska Accounts as of the date stated above.

21. Indicate if licensee provides financing for personal policies, commercial policies, or both.

Date	ALASKA PREMIUM FINANCING ACT AS 06.40 OFFICE MANAGER'S QUESTIONNAIRE LICENSEE:	License No.
------	---	-------------

22. Does licensee charge the \$10 non-refundable fee as allowed at AS 06.40.120(c)?

23. Has any regulatory action been taken against licensee since the last examination? _____
 If yes, please describe on a separate sheet.

24. Are any Alaska accounts originated or serviced at an office location other than that stated on the current Alaska premium finance license? _____ If yes, state the nature of the business that is conducted, the location, phone number and fax number of the office (s)

25. Name of individual to contact during examination process:
 Phone Number:
 E-mail address:

Officer's Name and Title	Officer's Signature	Date
---------------------------------	----------------------------	-------------

PFC's Name and Address (Street, City, State, and Zip Code)

Premium Finance Company Website