



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF BANKING
PO Box 040
TRENTON, NJ 08625-0040

JON S. CORZINE
Governor

Neil N. Jasey
Commissioner

DATE:

**RE: INSURANCE PREMIUM
FINANCE EXAMINATION
Reference #**

Dear Licensee:

Pursuant to the authority granted to the Commissioner by the laws of the State of New Jersey, the Department of Banking and Insurance has scheduled an examination of your operations conducted under the above captioned authorities.

The Examiner-in Charge, _____ has scheduled your examination date for _____. You may contact the examiner through email _____@dobi.state.nj.us or telephone number _____.

Please refer to the enclosed instructions and have the requested information **(Scope)** available for the examiner.

In addition to furnishing the requested information, please have the responsible contact person available during the course of the examination. Also, please provide **adequate private working space** for the examiner(s) with a convenient electrical outlet for their computer equipment.

Your immediate attention to the above is requested. If you have any questions please contact Maryann Moticha at 609-292-7272, ext. 50219.

Sincerely,

John S. Pavlovsky Jr.
Field Manager
Office of Consumer Finance

SCOPE INSTRUCTIONS NEW JERSEY INSURANCE PREMIUM FINANCE EXAMINATION

PLEASE HAVE THE FOLLOWING ITEMS READY FOR THE EXAMINER'S REVIEW. THE REVIEW PERIOD INCLUDES THE TIME SINCE THE PREVIOUS EXAMINATION TO THE PRESENT DATE

1. Most recent Audited financial statements and copies of annual reports submitted to the Department of Banking and Insurance for year end 20 .
2. NJ Contracts summary of business for the period to .
3. Name and address of bank and authorized signatures:

4. Percentages of the type of business conducted:
Consumer _____% Commercial _____%
5. Percentages of the type of insurance financed:
Auto _____% Life _____% Property _____% WC _____% Other-____ %
6. Source of origination for insurance premium finance contracts

7. Copies of all advertising used in soliciting insurance premium finance activity.
8. Individual file folders that contain all required documentation including finance agreements and any correspondence as selected by the examiner from a current listing of New Jersey contracts.
9. Individual account payment histories as selected by the examiner.
10. Paid accounts as selected by the examiner.
11. Complete details of cancellation procedures including a current list of cancellations.
12. Sample forms including a sample agreement and all forms or notices used for cancellations and reinstatement.
13. A list of any fees charged - delinquency, check return fees, etc.
14. Complete details of procedures when insurance premium finance agreements are referred to attorneys or an agency for collection.
15. Additional information requested:

AFFIDAVIT OF PRINCIPAL OFFICER OR LICENSEE

I, _____, Principal officer/licensee of

_____, do solemnly affirm that, to the best of my knowledge and belief, the information provided in response to the Scope is complete and correct at the time of the commencement of the examination and that any changes thereto will be immediately reported to the Examiner-in-Charge before the completion of the examination.

Principal Officer/Licensee

Title

Date