

Department of Business and Economic Development

INVESTMARYLAND

Premium Insurance Tax Credit
General Application

Please Print or Type

Revised 2/27/12

For Department Use Only Service ID # _____

1. Applicant's Information – Individual/Business/Political Jurisdiction:

Applicant's Name:

Contact Person, Title:

Mailing Address:

City, State, Zip:

Telephone (day):

Mobile:

Fax:

Email:

SS#/Fed.ID#

UI Number:

(Unemployment Insurance Number)

- Legal Form of Business:** Profit Non-Profit Local/ Municipal Government
 C Corporation Sole Proprietorship General Partnership S Corporation
 LLC Joint Venture Limited Partnership LLP

Note: Submission of Organizational documents will be required prior to closing.

Date Founded:

Fiscal Year End:

NAIC Code:

State of Organization:

If other than Maryland, date qualified/registered to do business in MD:

Nature of Business:

Other Locations:

2. Additional Information:

A. Please refer to Exhibit A for Additional Information.

B. Legal Counsel – For purpose of document review:

Firm:

Contact, Title:

Mailing Address:

City, State, Zip:

Telephone:

Email:

C. Accounting Firm:

Firm:

Contact, Title:

Mailing Address:

City, State, Zip:

Telephone:

Email:

3. **Affirmation** – The Applicant affirms that it meets the definition of “Purchaser” as described in § 6–501(l) section of the Maryland Economic Development Article, Subtitle Invest Maryland Program, by selecting **Yes** to **ALL** of the following questions in Section A or B:

A The Applicant is an insurance company that:

- 1. Is authorized to do business in the State. Yes No
- 2. Has insurance premium tax liability; and Yes No
- 3. If its bid for premium tax credits under the InvestMaryland program is accepted by DBED, it will contribute the amount of designated capital specified in the bid; or Yes No

B The Applicant is a holding company that:

- 1. Has at least one insurance company subsidiary authorized to do business in the State; and Yes No
- 2. If its bid for premium tax credits is accepted by DBED, it will contribute the amount of designated capital specified in the bid on behalf of one or more of its subsidiaries. Yes No

4. If the Applicant intends to bid as a Holding Company for more than one of its subsidiaries, the Applicant must indicate the maximum amount of Tax Credits that it may purchase and list the specific insurance companies that it may be purchasing Tax Credits for in the auction.

Additional Information:

5.

The applicant is required to submit the following information and may be required to submit additional information upon request.

- Exhibit A – Regarding Item 2.A. of the Certification**
- Financial Statements - most recent financial statements**
- Business Plan**
- Project Budget**
- Other**

6. Agreements and Certifications:

In Accordance with Executive Order 01.01.1983.18 the Department of Business and Economic Development advises you as follows regarding the collection of personal information:

Certain personal information requested by the Department of Business and Economic Development or its Agents is necessary in determining your eligibility. Failure to disclose this information may result in the denial of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, or to public officials, auditors of the Department's affairs for purposes directly connected with approval of the proposed financing and administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. Information regarding job creation and retention may be shared with the public. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Certification: All information in this application and in the attached exhibits, attachments, and addendums is true and complete to the best of my/our knowledge, information, and belief.

Applicant's Correct Legal Name:

Authorized By (Signature):

Name and Title:

Date:

Send your Completed Application to:

Office of Finance Programs, Accounting and Administration
Maryland Department of Business and Economic Development
World Trade Center Baltimore
401 East Pratt Street, 17th Floor
Baltimore, Maryland 21202

All packages should be sent either through the USPS or Overnight service requiring confirmation of delivery by signature.

Exhibit A (Regarding Item 2.A. of the Application)

This form is for gathering statistical data only. This Exhibit A will be separated from the application and the information provided in it will not be a part of the application approval process. Your furnishing this information is voluntary. Your failure to do so will have no effect on the approval of your application.

If the Applicant is an individual:

Is the Applicant Female? Yes No

Is the Applicant of Hispanic or Latino origin? Yes No

Which of the following categories describes the Applicant (multiracial respondents may select all applicable racial categories):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

If the Applicant is a business organization:

If the Applicant is a business that is owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

- Female
- Of Hispanic or Latino origin
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Is the Applicant a State/Federal/Other certified Minority Business Enterprise?

Yes No

If yes, please provide your:

State MBE certification number:

Federal 8(a)/SDB certification number:

Identify who the other issuer is and the other certification number:

If the Facility User is an individual:

Is the Facility User Female? Yes No

Is the Facility User of Hispanic or Latino origin? Yes No

Which of the following categories describes the Facility User (multiracial respondents may select all applicable racial categories):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

INVESTMD – Premium Insurance Tax Credit

If the Facility User is a business organization:

If the Facility User is a business that is owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

- Female
- Of Hispanic or Latino origin
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Is the Facility User a State/Federal/Other certified Minority Business Enterprise?

Yes No

If yes, please provide your:

State MBE certification number:

Federal 8(a)/SDB certification number:

Identify who the other issuer is and the other certification number: