



STATE OF HAWAII  
**DIVISION OF FINANCIAL INSTITUTIONS**  
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS  
335 Merchant Street, Room 221, Honolulu, HI 96813  
P.O. Box 2054, Honolulu, HI 96805  
Phone: (808) 586-2820 Fax: (808) 586-2818  
Email: [dfi@dcca.hawaii.gov](mailto:dfi@dcca.hawaii.gov)  
Website: <http://hawaii.gov/dcca/dfi>

**APPLICATION FOR RENEWAL OF ESCROW DEPOSITORY LICENSE**  
JULY 1, 2015 TO JUNE 30, 2016

***Please Read Carefully Before Completing Application***

Please type or print legibly. All questions must be answered and statements attached. An incomplete application will not be processed until all items have been completed or received. Please note that an incomplete application may be returned to you. Any material misstatement may result in a revocation of license. A check for the license fee (\$2,000.00) and branch office license fee (\$100.00 per branch), made payable to the Department of Commerce & Consumer Affairs, must accompany the application. A \$25.00 service charge will be assessed for each dishonored check received.

**THE INFORMATION BELOW WILL BE REPORTED ON DFI'S WEBSITE**

**Full legal name of Licensee.** This should be the same name registered with the State of Hawaii Business Registration Division.

\_\_\_\_\_

**DBA, fictitious or assumed name, or trade name, if any, used in Hawaii.** The use of any name other than Licensee's full legal name must be registered with the State of Hawaii Business Registration Division.

\_\_\_\_\_

**Licensee's principal place of business, including suite number, if applicable:**

Street address line 1: \_\_\_\_\_

Street address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

***This application can be made available for individuals with special needs in Braille, large print, or audio tape. Please submit your request to the Commissioner of Financial Institutions at (808) 586-2820.***

**THE FOLLOWING INFORMATION WILL BE USED BY DFI ONLY**

- (1) Name of designated escrow officer for the corporation: \_\_\_\_\_
- (2) Date of appointment of designated escrow officer by the board of directors: \_\_\_\_\_
- (3) **Location of Licensee’s business records, including suite number, if applicable:**  
 Street address line 1: \_\_\_\_\_  
 Street address line 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- (4) List locations at which Licensee conducts business using the attached List of Offices form.
- (5) List each litigation and attach a detailed explanation of each litigation involving the company during the past 12 months, or impending litigation concerning Chapter 449, Hawaii Revised Statutes. Do not send the complaint or answers to any litigation. **(If none, state “NONE”.)**
- (6) Attach a signed continuation certificate for each bond or insurance coverage from the surety showing bond or insurance policy number, type of bond or insurance coverage, amount **(indicate any deductible amount; if no deductible amount, state “NONE”)**, and coverage period for the required bonds and insurance. **Period of coverage should extend to July 1 of the current year or later.**
  - (a) ESCROW DEPOSITORY BOND of at least \$100,000, no deductible amount, and 60 days’ prior written notice of cancellation to the Commissioner. (Section 449-9, Hawaii Revised Statutes)
  - (b) FIDELITY BOND of at least \$100,000, deductible amount in excess of \$10,000 per occurrence requires the prior approval of the Commissioner, and 60 days’ prior written notice of cancellation to the Commissioner upon all of Licensee’s directors, officers, and employees who have access to money or negotiable securities or instruments in Licensee’s possession or under Licensee’s control. (Section 449-11, Hawaii Revised Statutes)
  - (c) ERRORS AND OMISSIONS INSURANCE of at least \$250,000, deductible amount in excess of \$100,000 per occurrence requires the prior approval of the Commissioner, and 30 days’ prior written notice of cancellation to the Commissioner. (Section 449-12, Hawaii Revised Statutes)
- (7) Attach the name, title, mailing address, telephone and fax numbers, and email address of the appropriate person or persons that the Division of Financial Institutions may contact regarding:
  - (a) Administrative matters.
  - (b) License renewals.
  - (c) Customer complaints.
  - (d) Examinations.
- (8) If applicable, attach the identity of all parents, subsidiaries, and affiliates of Licensee. Alternatively, attach a current organization flow chart that displays this information. Do not attach an organization flow chart displaying employee information.

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- (9) Attach list of all shareholders who directly or indirectly, solely or through another person or transaction, or in concert with another, owns or has the power to vote 25% or more of any class of voting stock, and indicate each shareholder's respective percentage of ownership.

I CERTIFY THAT THE INFORMATION SHOWN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME \_\_\_\_\_  
Type or print legibly

TITLE \_\_\_\_\_  
Type or print legibly

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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