



**Office of Insurance Regulation**  
**Company Admissions**

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**APPLICATION FOR LICENSE**  
**MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**The Office receives applications electronically. Please submit your application at <http://www.floir.com/iportal>, using the i-Apply link to Online Company Admissions.**

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

<http://www.floir.com/iportal>  
and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select “Form & Rate Filing Assembly and Submission” to begin the submission of forms and/or rates.

Any questions concerning this application package may be directed to the Application Coordinator at [appcoord@floir.com](mailto:appcoord@floir.com). For iApply only questions, contact the Application Coordinator at [iapply@floir.com](mailto:iapply@floir.com)

**In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.**

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**INSTRUCTIONS  
SECTION I - APPLICATION FEES AND FORM**

**Section I-1**    Application Fee

Applicants must pay an application filing fee of \$100. This fee is due and payable at the time of filing the application for licensure.

Secure your check to the INVOICE (included in this package) and send to:

Florida Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, FL 32314-6100

Submit a copy of the invoice and a copy of the check with your online application filing via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee.

**Section I-2**    Fingerprint Fee

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. Please see form OIR-C1-938 for instructions. The fingerprint cards are to be submitted with the application filing.

NOTE: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see form OIR-C1-938 for instructions.

**Section I-3**    Application for License to Conduct Business in the State of Florida (Motor Vehicle Service Agreement Company) (Official Form)

Complete this form and have it signed by the President and Secretary of the company. An original signature and corporate seal are required on the application form submitted to the Office.

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**INSTRUCTIONS  
SECTION II - LEGAL**

**Section II-1** Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. They must be certified by the state of domicile. The certification letter must be an original, recently certified by the state of domicile's public official having custody of the original certificate.

**Section II-2** Certificate of Status from Florida Secretary of State

Provide an original certificate of status from the Florida Secretary of State if the applicant is a foreign corporation. All foreign corporations are required to secure, through the office of the Secretary of State of Florida, a charter to do business in Florida.

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of Insurance Regulation as part of your application as proof of your filing with the Secretary of State as a foreign corporation.

**Section II-3** Company Bylaws

The Bylaws must be sealed by the company and signed and dated by the Secretary of the company. NO signatures other than the Secretary's signature will be accepted.

**Section II-4** Service of Process Consent and Agreement (Official Form)

The Service of Process Consent and Agreement form (attached). NO signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted, and the signatures must be under corporate seal.

**Section II-5** Fictitious Name Filing

If the organization plans to utilize a fictitious name, include in this section one certified copy (not a photocopy) of a certificate from the Clerk of the Circuit Court in the county where domiciled, attesting to compliance with Section 865.09, Florida Statutes (the Fictitious Name Statute).

**Section II-6** Certificate of Status from State of Domicile

A Certificate of Status is a document issued by the public Official having supervision of the records of corporations, usually the Secretary of State. This document shows that the company is duly organized in the state and that all taxes and fees have been paid. The certificate must be obtained from the applicant's home state and filed with the application. It must show good standing, be sealed by the state, and be an original document, not a copy.

**APPLICATION FOR LICENSE  
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**INSTRUCTIONS  
SECTION III - FINANCIAL**

**Section III-1** Financial Statements

The applicant must submit complete financial statements that contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than twelve (12) months old.

**Section III-2** Financial Requirements

The applicant must comply with either of the following:

- A. Supply the Office with a copy of an approved executed contractual liability insurance policy. (See the attached sample policy form for approvable language.)

The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are **not** acceptable.

or,

- B. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a 50% reserve as outlined by Section 634.041 (8), Florida Statutes.

**Section III-3** Deposit

To assure the faithful performance of its obligations to its contract holders in the event of insolvency, each motor vehicle service agreement company shall, before the issuance of its license, deposit and maintain securities of the type eligible for deposit in accordance with Section 625.52, Florida Statutes. Motor Vehicle Service Agreement Companies shall deposit \$200,000 in cash or securities in accordance with Section 634.052, Florida Statutes.

For information on how to make the required securities deposit, contact the Bureau of Collateral Management at:

Florida Department of Financial Services  
Bureau of Collateral Management  
Capitol Building, Room P-3  
Tallahassee, Florida 32399-0345  
(850) 413-3167

#### **Section III-4** Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- A. **History.** Applicant should prepare a brief history of the company since its incorporation. Include any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

Also in this section, list all companies or individuals which directly or indirectly control, or are controlled by, or under control of, the applicant. Along with the list, an organizational chart must be included for clarification purposes.

In addition, provide a list of all d/b/a's, trade names, or fictitious names.

- B. **Management.** Applicant is to provide its service agreement experience in the areas of marketing, claims handling, accounting and investments.
- C. **Products.** Applicant should give a description of each product it plans to market.
- D. **Marketing and Growth.** Applicant should furnish a plan of marketing including methods, rates, commissions, projected growth pattern and other pertinent information effecting marketing plans.

#### **Section III-5** States Where Applicant is Currently Doing Business

In this section, the applicant should provide a list of states in which it or affiliated companies conduct service agreement business.

#### **Section III-6** Alphabetical List of Proposed Sales Representatives (Official Form Enclosed)

The applicant should complete the attached form relating to proposed salesmen. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of salesmen may be obtained from the Bureau of Licensing by calling (850) 413-3137.

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**INSTRUCTIONS  
SECTION IV - MANAGEMENT**

**ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

**Section IV-1** List of All Officers, Directors and Shareholders

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% or more), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholder owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.
- C. Full names, including middle names, must be listed. Please state if a middle name does not exist.

**Section IV-2** Biographical Statement for Officers, Directors and Shareholders

Provide a biographical affidavit (Form OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 119.0721(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for any agency to collect security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

### **Section IV-3** Investigative Background Reports

An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer form to OIR-C1-905 for instructions.

### **Section IV-4** Fingerprint Cards

Fingerprint cards must be completed for each person listed in Section IV-1. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**INSTRUCTIONS  
SECTION V - FORMS AND RATES**

**NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS OR RATES.**

**Section V-1** Forms

Submit three copies of all proposed forms, related forms and sales brochures. The service agreements and applications for service agreements should be serially pre-numbered and contain spaces for the selling price; the name of the issuing salesman; the date of issuance; the selling price paid by the consumer; the contract period (in time and mileage); and the name, address and phone number of the contract holder.

**Section V-2** Rates

Submit three copies of all rates to be charged, rating schedules or rating manuals. **Please note that all service agreements must be sold at the approved rates.**

**Section V-3** Commission Structure

Submit a complete breakdown of your proposed commission structure. This breakdown should include but not be limited to: salesmen, agents, insurers and licensed administrators. **In Florida, you may not use a third party administrator unless that administrator is licensed under Chapter 634, Part I, Florida Statutes.**

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**CHECK LIST  
SECTION I - APPLICATION FEES AND FORM**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Specialty insurer application fee paid .....	<input type="checkbox"/>
(a) Copy of invoice included (Official Form) .....	<input type="checkbox"/>
(b) Copy of check .....	<input type="checkbox"/>
(c) Original .....	<input type="checkbox"/>
2. Fingerprint fees paid electronically .....	<input type="checkbox"/>
(a) Copy of on-line payment confirmation .....	<input type="checkbox"/>
3. Company completed application for license (Official Form) .....	<input type="checkbox"/>
(a) All blanks completed .....	<input type="checkbox"/>
(b) Sealed by company .....	<input type="checkbox"/>
(c) Signed by President (original signature) .....	<input type="checkbox"/>

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**CHECK LIST  
SECTION II - LEGAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation .....	<input type="checkbox"/>
(a) Original certification by State of Domicile .....	<input type="checkbox"/>
(b) Articles with all amendments attached .....	<input type="checkbox"/>
(c) Original .....	<input type="checkbox"/>
2. Certificate of Status from Florida Secretary of State .....	<input type="checkbox"/>
(a) Good standing indicated .....	<input type="checkbox"/>
(b) Sealed by State .....	<input type="checkbox"/>
(c) Signed by Secretary of State .....	<input type="checkbox"/>
3. Company By Laws .....	<input type="checkbox"/>
(a) Signed and dated by corporate secretary .....	<input type="checkbox"/>
(b) Sealed by the company (corporate seal) .....	<input type="checkbox"/>
4. Consent and Agreement in re Service of Process (Official Form) .....	<input type="checkbox"/>
(a) Signed and dated by .....	<input type="checkbox"/>
1. President or Chief Executive Officer .....	<input type="checkbox"/>

<u>Item #</u>	<u>Completion Check List</u>
2. Secretary .....	<input type="checkbox"/>
(b) Sealed by company (corporate seal).....	<input type="checkbox"/>
(c) Original with all blanks completed .....	<input type="checkbox"/>
5. Fictitious Name Certificate (if applicable) .....	<input type="checkbox"/>
Original .....	<input type="checkbox"/>
6. Certificate of Status from State of Domicile.....	<input type="checkbox"/>
(a) Good standing indicated.....	<input type="checkbox"/>
(b) Sealed by State.....	<input type="checkbox"/>
(c) Signed by Secretary of State.....	<input type="checkbox"/>
(d) Original.....	<input type="checkbox"/>

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**CHECK LIST  
SECTION III - FINANCIAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Financial statements .....	<input type="checkbox"/>
(a) Balance sheet .....	<input type="checkbox"/>
(b) Income statement .....	<input type="checkbox"/>
(c) Statement of cash flows .....	<input type="checkbox"/>
(d) Verified under oath by at least two of the principal officers .....	<input type="checkbox"/>
(e) Not over 12 months old .....	<input type="checkbox"/>
(f) If indication of one or more parent corporation in Section IV, financial statements for parent(s) .....	<input type="checkbox"/>
2. Financial requirement .....	<input type="checkbox"/>
(a) A copy of the executed contractual liability insurance policy.....	<input type="checkbox"/>
Or	
(b) A sworn statement of intent to establish a reserve.....	<input type="checkbox"/>
3. Deposit .....	<input type="checkbox"/>
(a) \$200,000 .....	<input type="checkbox"/>
(b) Receipt from the Bureau of Collateral Management .....	<input type="checkbox"/>

<u>Item #</u>	<u>Completion Check List</u>
4. Plan of Operations .....	<input type="checkbox"/>
(a) History .....	<input type="checkbox"/>
List of controlling or controlled companies .....	<input type="checkbox"/>
List of d/b/a's, trade names, or fictitious names .....	<input type="checkbox"/>
(b) Management .....	<input type="checkbox"/>
(c) Products .....	<input type="checkbox"/>
(d) Marketing & Growth .....	<input type="checkbox"/>
5. List of states in which the applicant is active .....	<input type="checkbox"/>
6. List of sales representatives (Official Form) .....	<input type="checkbox"/>

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**CHECK LIST  
SECTION IV - MANAGEMENT**

Company Name: \_\_\_\_\_

- | <u>Item #</u>   | <u>Completion<br/>Check List</u> |
|---|----------------------------------|
| 1. Listing of officers, directors, controlling individuals and shareholders .....   | <input type="checkbox"/>         |
| (a) Separate listing of all officers and directors controlling individuals,<br>And shareholders including percentage held and number and<br>Class of shares for the company and its parents and/or holding<br>Companies (Official Form) ..... | <input type="checkbox"/>         |
| (b) If parent indicated, organization chart .....   | <input type="checkbox"/>         |
| (c) Full names and titles listed (including full middle name or indication<br>If one does not exist) .....  | <input type="checkbox"/>         |
| 2. Biographical Statement and Affidavit for each individual listed in<br>Section IV-1 (Official Form) .....   | <input type="checkbox"/>         |
| For each form:  |                                  |
| (a) All blanks completed .....  | <input type="checkbox"/>         |
| (b) Contains original signature .....   | <input type="checkbox"/>         |
| (c) Notarized .....   | <input type="checkbox"/>         |
| (d) Full name given (including full middle name or indication if<br>One does not exist) .....   | <input type="checkbox"/>         |
| (e) Submitted an original of each affidavit.....  | <input type="checkbox"/>         |
| (f) Provide Social Security Number on separate page.....  | <input type="checkbox"/>         |

Item #

Completion  
Check List

3. Investigative Background Report for each individual listed in  
Section IV-1 .....

4. Fingerprint cards enclosed for each person  
listed in Section IV-1 .....

For each card:

(a) Card obtained from Office of Insurance Regulation .....

(b) Card contains original signature .....

(c) No erasures on or alteration of card .....

(d) All blanks completed .....

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**CHECK LIST  
SECTION V - FORMS AND RATES**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Forms and sales brochures .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
(b) Serially pre-numbered .....	<input type="checkbox"/>
(c) Spaces for .....	<input type="checkbox"/>
(1) Selling price .....	<input type="checkbox"/>
(2) Name of issuing salesman .....	<input type="checkbox"/>
(3) Date of issuance .....	<input type="checkbox"/>
(4) Selling price <u>paid</u> by consumer .....	<input type="checkbox"/>
(5) Contract period .....	<input type="checkbox"/>
(6) Contract holder's name, address, and phone number .....	<input type="checkbox"/>
2. Rates to be charged .....	<input type="checkbox"/>
3 copies .....	<input type="checkbox"/>
3. Proposed commission structure .....	<input type="checkbox"/>

**CHECKLIST VERIFICATION**

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by \_\_\_\_\_ that he/she has read said

(Entity Name)

application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

\_\_\_\_\_, 20\_\_\_\_

TO THE INSURANCE COMMISSIONER,  
TALLAHASSEE, FLORIDA

SIR: The \_\_\_\_\_  
(Give name of company in full)

Federal Identification Number: \_\_\_\_\_

Of (Home Office Address) \_\_\_\_\_

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

Telephone: (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

through its duly authorized officers, hereby applies for license authorizing and empowering the company aforesaid to transact motor vehicle service agreement business in the State of Florida, under the laws thereof and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By: \_\_\_\_\_  
President or Chief Executive Officer

(Corporate Seal)

Attest: \_\_\_\_\_  
Secretary

Name of Attorney or Principal filing this application:

\_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

OIR-C1-994  
REV 5/2013

**INVOICE**

**MOTOR VEHICLE SERVICE AGREEMENT COMPANY  
REQUEST FOR PAYMENT OF APPLICATION FEES**

**NAME OF COMPANY:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP CODE:** \_\_\_\_\_

**ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)**

\_\_\_\_\_  
**(CITY) (STATE) (ZIP CODE)**

**In reference to the submission by the above-referenced insurer's application to do business in Florida, it is necessary for you to return this form with the proper payment.**

**PLEASE NOTE:**

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and **mail the check and invoice only** to the Florida Department of Financial Services, Bureau of Financial Services, PO Box 6100, Tallahassee, Florida 32314-6100.
2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

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<b><u>RECEIPT NUMBER</u></b>	<b>AMOUNT</b>	<b>TYPE</b>	<b>CLASS</b>	<b>FUND</b>	<b>ACCT</b>	<b>SOURCE</b>
	\$100	10	33	3	00	2

# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

Original Designation     Insurer Name Change     Merger / Acquisition     Update Delivery Information

Insurer or Company Name: \_\_\_\_\_

Previous Name (If applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FEI # \_\_\_\_\_

FL Company Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person  
to receive process:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
President or CEO's Name(Typed or Printed)

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.

SEAL

OIR-C1-144  
Rev 06/2004



**Office of Insurance Regulation**  
**Company Admissions**

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**INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS**

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package.
2. Please refer to the NAIC website at [http://www.naic.org/documents/industry\\_ucaa\\_third\\_party.pdf](http://www.naic.org/documents/industry_ucaa_third_party.pdf) "Third Party Vendors for Background Reports", for specific information regarding background investigation vendors.
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will transmit investigative reports electronically to the Florida Office of Insurance Regulation ("Office") to this e-mail address: [bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com) in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to or contemporaneously with the submission of each application filing, with the exception of acquisition filings.
6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Any questions regarding this process may be directed to the Office at [appcoord@flor.com](mailto:appcoord@flor.com)



**Office of Insurance Regulation**  
**Company Admissions**

**FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE**

**LiveScan (available to Florida Residents):**

Applicants must pay online for processing of electronic fingerprints and make appointment for electronic fingerprinting. To begin the process, access [MorphoTrustUSA](#)

- Select English or Spanish to continue
- Enter First Name and Last Name
- Select "Continue"
- Enter Zip Code to determine closest fingerprint location or Choose "Region" and select "Go"
- Schedule Appointment
- Enter Applicant Information and select "Send Information"
- Verify and Select "Go"
- Select "Method of Payment" and "Send Payment Information"
- Select "Continue to US Bank E-Pay"
- Retain copy of payment confirmation

**Paper Card\* (available to Florida Residents and Non-Residents):**

Applicants must pay online for processing fingerprint cards. To begin the process, access [MorphoTrustUSA](#)

- Select English or Spanish to continue
- Enter First Name and Last Name and select "Go"
- Select "Non-Resident Card Submission" (Non-Residents and Florida Residents not utilizing LiveScan)
- Select "No Cards"
- Enter Applicant Information and select "Send Information". If Applicant does not have a Social Security Number, enter "123-12-1234" in the required SSN field
- Verify and Select "Go"
- Select "Method of Payment" and "Send Payment Information"
- Select "Continue to US Bank E-Pay"
- Retain copy of payment confirmation
- Mail completed cards with a cover letter to: Florida Office of Insurance Regulation  
Company Admissions  
200 East Gaines Street  
Tallahassee, Florida 32399-0332

Applicants may contact MorphoTrust USA's toll free registration center at 1-800-528-1358 regarding payment and/or appointment issues.

\*Applicants must use fingerprint cards provided by the Office. Applicants must provide **two** completed cards per person. Blank fingerprint cards may be requested by emailing [appcoord@flor.com](mailto:appcoord@flor.com) or calling 850-413-2575.

Payment confirmations will be a required component in the electronic application submitted via iApply.

Questions may be emailed to [appcoord@flor.com](mailto:appcoord@flor.com).

# **CONFIDENTIAL**

Pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07, Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

The requirement for the applicant's social security is mandatory.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

# **CONFIDENTIAL**

**CONTRACTUAL LIABILITY POLICY  
(MODEL)**

**DECLARATION**

POLICY NUMBER: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ -- \_\_\_\_\_

POLICY PERIOD: From: \_\_\_\_\_ \_\_ \_\_ , 2 0 \_\_ \_\_ Continuous until cancelled

COUNTERSIGNED AT: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_ \_\_ \_\_ , 2 0 \_\_ \_\_

CONTRACTUAL LIABILITY POLICY

(MODEL)

A. **INSURING AGREEMENT**

\_\_\_\_\_ (herein called the "Company", "us" or "we") agrees to pay \_\_\_\_\_ (herein called "you") for all costs incurred in fulfilling your obligations under each service agreement issued during the Policy Term according to terms and conditions of such Service Agreements. In the event such costs are incurred by another party's performance of repair or replacement services as a result of such obligations, payment may be made directly to such other party on your behalf.

In the event you become bankrupt, impaired or insolvent (as defined in Section 631.011, Florida Statutes), dissolved, or if you go out of business, or fail to pay documented claims we will pay losses and unearned premium refunds, if any, directly to the person making a claim under the Service Agreement or canceling the Service Agreement.

**This policy insures:**

- (1) **100% of your claim exposure from Contractual Obligations.**
- (2) **For Home Warranty Associations, all Service Agreements issued by you while this policy is in effect.**
- (3) **For Service Warranty Associations and Motor Vehicle Service Agreement Companies, all Service Agreements issued by you while this policy is in effect, whether or not the premium has been remitted to us.**

B. **DEFINITIONS**

- (1) **CONTRACTUAL OBLIGATION** means your obligation to properly repair or replace covered parts or to pay for the cost of proper repair or replacement of covered parts.
- (2) **INSURED** means the person or organization named in the Declaration, also referred to as "You".
- (3) **SERVICE AGREEMENT** means a motor vehicle service agreement, a home warranty, or a service warranty (as defined in Chapter 634, Florida Statutes).
- (4) **SERVICE AGREEMENT HOLDER** means the original purchaser of a Service Agreement or someone to whom the Service Agreement has been transferred under the terms of the Service Agreement.

## CONTRACTUAL LIABILITY POLICY

### (MODEL)

- (5) **SERVICE AGREEMENT HOLDER CLAIM** means a claim by a Service Agreement Holder or a claim on the behalf of a Service Agreement Holder which forms a Contractual Obligation.
- (6) **LOSS** means expense actually incurred by you or on your behalf in the performance of a Contractual Obligation.
- (7) **REPAIR FACILITY** means a person or organization authorized by you or on your behalf to perform service under a Service Agreement.
- (8) **INSURED CLAIM** means your claim for benefits under this policy based on a Contractual Obligation.
- (9) **PREMIUM** means the amount paid by the Service Agreement Holder.
- (10) **CONTRACTUAL LIABILITY PREMIUM** (herein called "CLP premium") means the amount paid by you for this policy.

#### C. **EXCLUSIONS**

The policy does not apply to:

- (1) liability for any consequential damages, including but not limited to, punitive or extra-contractual damages, arising from your actions, or any Repair Facility under a Service Agreement;
- (2) any and all obligations and liabilities arising out of your actions or anyone else's actions under a Service Agreement;
- (3) any and all obligations and liabilities extending to anyone other than the Service Agreement Holder;
- (4) any duty to defend you in any law suit or other judicial or administrative proceeding;
- (5) labor performed by you or on your behalf arising out of work or any portion thereof, or out of material, parts or equipment, as a result of recall by the manufacturer.

#### D. **CONDITIONS**

- (1) **SALE OF SERVICE AGREEMENT:** You must report the sale of a Service Agreement within 30 days of its issue date on the forms provided by us and send us or our authorized agent the proper CLP premium. All CLP premiums will be computed in accordance with

## CONTRACTUAL LIABILITY POLICY

### (MODEL)

the rules, rates, rating plans, premiums, and minimum premiums which apply to the insurance afforded by this policy.

- (2) **CLP PREMIUMS:** The rate schedule identifies the CLP premium charged per Service Agreement for coverage related to this policy. These rates shall remain in effect until we change them and until they have been approved by the Florida Office of Insurance Regulation. You will be given 30 days written notice prior to any change.
- (3) **NOTICE OF INSURED CLAIM:** You should provide us full details of a claim prior to starting any work specified with a Contractual Obligation in excess of \$\_\_\_\_.00 by the Service Agreement giving full details of the claim.
- (4) **PROOF OF LOSS:** Written proof of loss must be given within 30 days after a loss occurs, giving full details on the nature and extent of the loss. Proof of loss shall be given on forms furnished by us unless we fail to furnish such forms within 15 days after we receive a notice of claim.
- (5) **INSPECTION AND AUDIT:** At any reasonable time, we have the right to inspect your operations, books and records as they pertain to coverage under this policy. This right exists so long as Service Agreements are outstanding. Neither the right to inspect nor the conduct of an inspection will serve as a warranty that such operations are in compliance with any law.
- (6) **CHAPTER 634, FLORIDA STATUTES APPLICABILITY:** In the event you are no longer able to fulfill your obligations and we are acting in your stead, we shall be subject to the provisions of Chapter 634, Florida Statutes.
- (7) We shall assume full responsibility for the administration of claims in the event of your inability to do so.

#### E. **GENERAL PROVISIONS**

- (1) **REPRESENTATIONS:** By accepting this policy, you agree that the statements in the Declarations are your representations and warranties and that this policy is issued based on those representations. Should you misrepresent these declarations, the company may cancel this contract in accordance with the Cancellation Endorsement. Service Agreements issued during the term of this policy shall continue to be insured. This policy is the entire contract between you and the company.

CONTRACTUAL LIABILITY POLICY

(M O D E L)

- (2) **SUBROGATION:** If any payment under this policy is made by us, we reserve all rights of recovery against any person or organization in connection with such claim. You will execute and deliver all papers necessary to secure such rights. You may do nothing to prejudice such rights.
- (3) **ASSIGNMENT:** Assignment of interest or liability under this policy shall not be binding on us unless the policy has been countersigned by our authorized agent and approved by the Florida Office of Insurance Regulation.
- (4) **CHANGES IN THE POLICY:** No change in the policy will be effective until approved by our authorized representative and the Florida Office of Insurance Regulation. The approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.
- (5) **RECOVERIES:** All amounts recovered by you for which you received benefits under this policy belong to us and shall be paid to us.
- (6) **RENEWAL:** This policy is issued as stated in the Declaration and is continuous until cancelled in accordance with the Cancellation Endorsement.

**IN WITNESS WHEREOF**, the company has caused this policy to be signed by its Secretary and President and countersigned by its duly authorized representative.

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(PRESIDENT)

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(SECRETARY)

CONTRACTUAL LIABILITY POLICY

(MODEL)

**MOTOR VEHICLE SERVICE AGREEMENT ENDORSEMENT**

- (1) **CANCELLATION, TERMINATION, OR NON-RENEWAL:** You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 90 days after written notice of such cancellation, termination, or non-renewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate, or not renew this policy by written notice, mailed via certified mail, to you and the Florida Office of Insurance Regulation at least 90 days prior to such cancellation, termination, or non-renewal.
- (2) **UNEARNED PREMIUM REFUND:** The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.121(5), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.

CONTRACTUAL LIABILITY POLICY

(MODEL)

**HOME WARRANTY ENDORSEMENTS**

- (1) **CANCELLATION, TERMINATION, OR NON-RENEWAL:** You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 60 days after written notice of such cancellation, termination, or non-renewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate or not renew this policy by written notice, mailed via certified mail, to you and the Florida Office of Insurance Regulation at least 60 days prior to such cancellation, termination, or non-renewal.

CONTRACTUAL LIABILITY POLICY

(M O D E L)

**SERVICE WARRANTY ENDORSEMENT**

- (1) **CANCELLATION, TERMINATION, OR NON-RENEWAL:** You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 60 days after written notice of such cancellation, termination, or non-renewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate or not renew this policy by written notice, mailed via certified mail, to you and the Florida Office of Insurance Regulation at least 60 days prior to such cancellation, termination, or non-renewal.
- (2) **UNEARNED PREMIUM REFUND:** In the event the issuer of the Contractual Liability Policy is fulfilling the service warranty covered by the policy and in the event the service warranty holder cancels the service warranty, it is the responsibility of the Contractual Liability Policy issuer to effectuate a full refund of the unearned premium to the consumer. The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.414(3), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.



**OFFICE OF INSURANCE REGULATION**  
*Company Admissions*

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**LIST OF PROPOSED SALES REPRESENTATIVES**

**COMPANY  
NAME:** \_\_\_\_\_

**NAME:**

**ADDRESS:**

**SSN:**

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

**(Print or Type)**

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: \_\_\_\_\_

4. Affiant's business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Business Email: \_\_\_\_\_

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
_____	_____	_____	_____

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
_____	_____	_____	_____	_____

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
_____	_____	_____	_____

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

7. Present or proposed position with the Applicant Company: \_\_\_\_\_

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: \_\_\_\_\_

\_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

\_\_\_\_\_

\_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Yes  No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_  
\_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_  
\_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.  
\_\_\_\_\_  
\_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details.  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Affiant's Full Name (Initials Not Acceptable): First:\_\_\_\_\_ Middle:\_\_\_\_\_ Last:\_\_\_\_\_ IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: \_\_\_\_\_

4. Government Identification Number if not a U.S. Citizen: \_\_\_\_\_

5. Foreign Student ID# (if applicable) : \_\_\_\_\_

6. Date of Birth: (MM/DD/YY) : \_\_\_\_\_ Place of Birth, City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

7. Name of Affiant's Spouse (if applicable) : \_\_\_\_\_

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**

*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact \_\_\_\_\_ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of \_\_\_\_\_ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through \_\_\_\_\_ [name of CRA, address] (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20 by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires