



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

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**REQUEST TO ESTABLISH ELIGIBILITY TO OPERATE AS AN ALIEN  
INSURER IN FLORIDA PURSUANT TO SUBSECTION 624.402(9),  
FLORIDA STATUTES**

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.**

**LETTER OF NOTIFICATION/REGISTRATION  
TO OPERATE AS A NON-U.S. BASED (ALIEN) INSURER (ALSO REFERRED TO AS  
“OFFSHORE INSURER”) IN FLORIDA  
PURSUANT TO SECTION 624.402(8), FLORIDA STATUTES**

**APPLICATION FORM**

**Statutory Authority**

S. 624.402(8)

Pursuant to Chapter 624, Part III, Florida Statutes, application is hereby made to register as an Offshore Insurer

Name of Offshore Insurer:

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

Country of Domicile: \_\_\_\_\_

Home/Principal Address: \_\_\_\_\_  
\_\_\_\_\_

Home Office Phone: \_\_\_\_\_

Home Office Email: \_\_\_\_\_

Home Office Fax Number: \_\_\_\_\_  
\_\_\_\_\_

Florida Office Address: \_\_\_\_\_  
\_\_\_\_\_

Florida Office Phone: \_\_\_\_\_

Florida Office Email: \_\_\_\_\_

Florida Office Fax Number: \_\_\_\_\_

Florida Office Contact Person: \_\_\_\_\_

Contact Person Concerning This Application: \_\_\_\_\_  
\_\_\_\_\_

Contact Persons' Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Persons' Phone: \_\_\_\_\_

Contact Persons' Email: \_\_\_\_\_

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**INSTRUCTIONS/CHECK LIST**

**Statutory Authority**

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|----------|----------------------|--|
| _____ 1. | S. 624.402(8)(a)2.   | Provide a statement indicating the commenced business date for Florida. Attach as a component in iApply under the component titled “Commenced Business Date”.  |
| _____ 2. | S. 624.402(8)(a)3.a. | Provide a Management Information Form reflecting the names of the owners of the insurer, their percentage of ownership and the officers and directors of the insurer. Attach as a component in iApply under the component titled “Management Information Form (Applicant)”. Sample form attached.      |
| _____ 3. | S. 624.402(8)(a)3.a. | Provide a statement regarding number of individuals employed by insurer or its affiliates in this state. Attach as a component in iApply under the component titled “Number of Employees”.   |
| _____ 4. | S. 624.402(8)(a)3.b. | Provide a statement as to the lines of insurance and types of products offered by the insurer. Attach as a component in iApply under the component titled “Lines of Insurance”.  |
| _____ 5. | S. 624.402(8)(a)3.c  | Provide a statement from the regulatory body of the insurer’s domicile certifying that the insurer is licensed or registered for the lines of insurance and types of products in that domicile. Attach as a component in iApply under the component titled “Certificate of Financial Compliance”.      |
| _____ 6. | S. 624.402(8)(a)3.d  | Provide a copy of the current filings required by the regulatory body of the insurer’s country of domicile in that country’s language or in English, if available. Attach as a component in iApply under the component titled “Regulatory Filings”.  |
| _____ 7. | S. 624.402(8)(a)4.   | Provide a statement acknowledging mandatory policy language; “ The policy providing your coverage and the insurer providing this policy have not been approved by the Florida Office of Insurance Regulation”. Attach as a component in iApply under the component titled “Mandatory Policy Language”. |

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- \_\_\_\_\_8.      S. 624.402(8)(a)5.      Provide a statement acknowledging notification will be provided to the Florida Office of Insurance Regulation in the event the insurer ceases to do business from this state. Attach as a component in iApply under the component titled “Cessation of Business”.
- \_\_\_\_\_9.      Provide a notarized copy of the Application form, including the completed Check List and Officer’s Attestation to Application. Attach as a component in iApply under the component titled “Application Form”.
- \_\_\_\_\_10.      Provide an authorization letter from the insurer, if someone other than company personnel are representing the insurer with this application. Attach as a component in iApply under the component titled “Authorization Letter”.

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**OFFICERS’ ATTESTATION TO APPLICATION**

This company, \_\_\_\_\_, through its duly authorized officers, hereby submits this application and do hereby swear or affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Name of Authorized Officer  
(Please print)

\_\_\_\_\_  
Name of Authorized Officer  
(Please print)

\_\_\_\_\_  
Title of Authorized Officer  
(Please print)

\_\_\_\_\_  
Title of Authorized Officer  
(Please print)

\_\_\_\_\_  
Officer’s Signature

\_\_\_\_\_  
Officer’s Signature

(Corporate Seal)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Notary Seal)

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

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



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

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**MANAGEMENT INFORMATION FORM  
COMPLETE LIST OF OFFICERS,  
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**COMPANY NAME:**

**OFFICERS:**

**TITLES:**

**OWNERSHIP PERCENTAGE:**

**DIRECTORS:**

**SHAREHOLDERS:**