Office of Insurance Regulation
Company Admissions

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. For iApply only questions, contact the Application Coordinator at 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

_____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".

_____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".