



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

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**APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

**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.**

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

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

**Section I-1                      Application Fees**

Applicants must pay an application-filing fee of \$50. The fee is due at the time the application is filed. Secure the check to the invoice (included in this package) and send to:

Florida Department of Financial Services  
Bureau of Financial Services  
PO Box 6100  
Tallahassee, Florida 32314-6100

Place a photocopy of the invoice and check in this section.

**Section I-2                      Fingerprint Processing Fees**

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.

Place a copy of your on-line payment confirmation along with the fingerprint cards in the management section (IV-5).

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.

**NOTE: Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.**

**Section I-3                      Application for Provisional Certificate of Authority**

Submit this original Application for PCOA, attested (original signatures) by the President, Partners, Managing General Partner, Association Members or Trustee, etc. and, if applicable, the secretary of the company under corporate seal and notarized. Upon approval, the Office of Insurance Regulation (the Office) will issue a PCOA to you.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

**SECTION II - LEGAL**

**Section II-1 Authorization Letter**

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the applicant.

**Section II-2 Articles of Incorporation**

Provide the articles of incorporation and all amendments of the company, if applicable, with an original certification by the public official with whom the originals are on file in the state of domicile.

**Section II-3 Company Bylaws**

Provide the bylaws and all amendments of the company, if applicable, signed and dated by the secretary of the company under corporate seal.

**Section II-4 Certificate of Status from Florida Secretary of State**

Provide an original Certificate of Status issued by the Florida Secretary of State, if applicable, demonstrating that the company is in good standing.

**Section II-5 Fictitious Name Filing**

Provide documentation of your compliance with Section 865.09, Florida Statutes (FS), dealing with fictitious names, if the applicant plans to utilize a fictitious name. Contact the Florida Secretary of State at the following telephone number for assistance in complying with these requirements (850) 488-9000. Please provide the original, if applicable.

**Section II-6 Partnership Agreements**

Provide a certified, notarized copy of the original executed partnership agreement and all amendments, if applicable, signed and dated by the managing general partner. Should general partners or managing general partners be corporations, they must submit organizational documents required in Sections II-3 through II-6, above.

**Section II-7 Parent Companies and Controlling Partners**

Provide complete organizational documents required in Sections II-2 through II-6, for all entities controlling the applicant upward to the ultimate controlling entity.

**Section II-8 Association Membership, or Trust Agreements**

Provide a certified original association membership agreement, trust agreement, or other legal entity, and all amendments, if applicable, signed and dated by the appropriate representative.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

**SECTION III - FINANCIAL**

**Section III-1 Plan of Operations**

Submit a general summary of the plan of operations from receipt of the PCOA through occupancy of facility. Review the general information attached as exhibit III-1.

**Section III-2 Organizational Chart**

Provide a schematic external organizational chart disclosing the applicant's relationship with any other entities, including the ultimate controlling company or controlling person. Label all appropriate ownership percentages.

**Section III-3 Interrogatories**

Submit complete responses to all interrogatories attached as exhibit III-3.

**Section III-4 Proof Of Ownership, Rights To Operation Or Management**

If the applicant is the owner of the proposed facility site, attach a copy of the warranty deed or contract for deed. If the applicant intends to operate the facility, attach a copy of the proposed operating agreement. If the applicant intends to manage or employ a management company to manage the facility, attach a copy of the proposed or executed management agreement.

**Section III-5 History In The Industry**

Provide a list of all continuing care facilities currently or previously owned, operated, managed or developed by the applicant; any affiliate of the applicant; any entity controlling or controlled by the applicant, or any principal thereof. Furnish the name, address, city, and state of each facility listed and explain the existing or past relationship to the applicant. Specify the current status of each facility listed, and include any administrative actions or financial problems that exist or which existed. Include any such occurrences up to one year after the relationship was terminated. (The Office shall request such other reasonable data, including financial statements, to assist in determining the financial viability of the project and the management capabilities of its managers, owners or operators based on its review of the contents of this application response pursuant to Chapter 651, FS.)

**Section III-6 Feasibility Study**

Attach a statement outlining the credentials and experience of the person who prepared the feasibility study. Attach a copy of the market feasibility study attested to by the preparer and an attestation by the appropriate officers, directors, partners or shareholders that the study is "true and complete." The market feasibility study must contain all information to comply with Sections 651.022(3)(a)-(h), FS.

### **Section III-7 Project Financing**

Provide a complete explanation of the project's proposed method of financing. Include a "Sources and Uses of Funds Statement," which discloses all sources and all uses of funds to be used to develop the project. The statement should reflect that the aggregate amount of entrance fees received by or pledged to the applicant, plus anticipated proceeds from any long-term financing commitment, plus funds from all other sources in the actual possession of the applicant, equal to not less than 100 percent of the aggregate cost of constructing or purchasing, equipping, and furnishing the facility plus 100 percent of the anticipated startup losses of the facility. Submit copies of all proposed, drafted or executed financial agreements. Upon final execution, copies of any such documents must be sent to the Office within 30 days.

### **Section III-8 Advertising**

Attach a copy of all advertising proposed to be used in marketing the facility.

### **Section III-9 Contracts, Vendors, Services**

Identify and explain how and by whom the following goods and services will be furnished, and the relationship, if any, to the applicant. If the party furnishing such services is other than the applicant, attach a copy of the contract or agreement, or other documents which evidences the arrangement, and state whether or not the contract or arrangement is the result of "arms length" negotiations, a bid, or, if otherwise explain: a. Shelter; b. Food; c. Health Care; d. Management; e. Construction; f. Construction financing; g. Permanent financing; h. Land; and i. Marketing.

### **Section III-10 Financial Statements**

Attach the latest audited financial statement for the applicant and any controlling parent company. Also include the unaudited financial statements for the most recent quarter ended subsequent to the date of the last audit and attested to by the Chief Financial Officer. (The Office shall request such other reasonable data and financial information to assist in determining the financial viability of the applicant and the management capabilities of its managers and owners based on its review of the contents of this application response pursuant to Chapter 651, FS.)

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
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**SECTION IV - MANAGEMENT**

**ANY INDIVIDUALS MUST PROVIDE ALL OF THE INFORMATION REQUESTED. NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE FIRST, MIDDLE AND LAST NAMES (NO ABBREVIATIONS).**

**Section IV-1 Management Information**

Provide the full name of all company incorporators, officers, directors, shareholders (owning 10% or more of the outstanding stock of the company), partners, proprietor, management company principals, association members and/or trustees with their respective titles and where appropriate, ownership percentages. Please use the attached Management Information Form. If any shareholder with 10% or more of the stock is not an individual, then the same information should be provided for all principals up through the ultimate controlling person.

**Section IV-2 Biographical Affidavits by All Company Incorporators, Officers, Directors, Shareholders, Partners, Proprietor, Management Company Principals, Association Members and Trustees**

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 119.071(5), FS, social security numbers collected by an agency are confidential and exempt from section 119.07(1), FS, and Section 24(a), Art. 1 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), FS, 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.

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

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 to form 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.

Please place the completed fingerprint cards in this section.

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.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

**SECTION V - FORMS**

**Section V-1 Escrow Agreements**

Submit a draft copy of the entrance fee escrow agreement, the seven-day escrow agreement and draft copies (copy) of the minimum liquid reserve escrow agreements. Escrow agreements must comply with Sections 651.033 and 651.035, FS, and Rule 69O-193.023, Florida Administrative Code (FAC), as appropriate. After Office review and any revisions are made, if necessary, three original escrow agreements executed by the applicant and escrow trustee must be submitted for Office signature.

**Section V-2 Reservation and Residency Contracts**

Applicant must provide copies of their proposed reservation and residency contracts for Office review and approval. Contracts must comply with Sections 651.055 and 651.061, FS, and Rule 69O-193.020, FAC.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

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

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

<u>Item #</u>	<u>Completion Check List</u>
1. Application fees paid .....	[ ]
(a) Copy of invoice included.....	[ ]
(b) Copy of check.....	[ ]
2. Fingerprint fees paid electronically .....	[ ]
(a) Copy of on-line payment confirmation .....	[ ]
Or, if applicable	
(b) Copy of form OIR-C1-903 (Invoice) included .....	[ ]
(c) Copy of check included .....	[ ]
(d) Originals mailed to Bureau of Financial Services .....	[ ]
3. Completed Application for Provisional Certificate of Authority .....	[ ]
(a) Attested under corporate seal of company and notarized .....	[ ]
(b) Signed by (original signatures)	
1. President or chief executive officer.....	[ ]
2. Secretary .....	[ ]
3. Partners .....	[ ]
4. General Partners .....	[ ]
5. Managing General Partner .....	[ ]
6. Association Members .....	[ ]
7. Trustee .....	[ ]
8. Proprietor or Other (Explain) .....	[ ]

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

**SECTION II - LEGAL**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Authorization letter.....	[ ]
2. Articles of Incorporation including all amendments thereto .....	[ ]
(a) Original .....	[ ]
(b) Original certification by the public official with whom the originals are on file in the state of domicile (if foreign) .....	[ ]
(c) Board minutes recording approval of amendments .....	[ ]
3. Company bylaws including all amendments thereto .....	[ ]
(a) Original .....	[ ]
(b) Under corporate seal of company .....	[ ]
(c) Board minutes recording approval of amendments .....	[ ]
(d) Signed and dated by secretary .....	[ ]
4. Original certificate of status issued by the Florida Secretary of State evidencing registration as a foreign or domestic corporation.....	[ ]
(a) Original .....	[ ]
5. Fictitious Name Certificate (if applicable) .....	[ ]
(a) Original .....	[ ]
6. Partnership agreements including all amendments thereto .....	[ ]
(a) Original .....	[ ]
(b) Certified and signed by general partners, managing general partner.....	[ ]
7. Parent companies and controlling partners .....	[ ]
(a) Appropriated organizational documents (See Sections II-3 through II-7).....	[ ]
(b) Originals of each .....	[ ]

- 8. Association membership or trust agreements including all amendments ..... [ ]
  - (a) Association agreement original ..... [ ]
  - (b) Trust agreement original ..... [ ]
  - (c) Amendments to agreements ..... [ ]

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

**SECTION III - FINANCIAL**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Plan of operations.....	[ ]
2. Organizational chart.....	[ ]
3. Interrogatories.....	[ ]
(a) Completed exhibit III-3 included in application.....	[ ]
4. Proof of ownership or rights to operation.....	[ ]
(a) Warranty deed or contract for deed.....	[ ]
(b) Operating agreement.....	[ ]
(c) Executed or draft of management agreement.....	[ ]
5. List of affiliated facilities including all specified information.....	[ ]
6. Feasibility Study.....	[ ]
(a) Statement outlining preparer's qualifications.....	[ ]
(b) Attested feasibility study.....	[ ]
(c) Applicant's attestation of feasibility study accuracy.....	[ ]
7. Project financing.....	[ ]
(a) Method of financing summary.....	[ ]
(b) Sources and Uses Statement.....	[ ]
(c) All proposed, drafted and executed financing agreements.....	[ ]
8. All proposed advertising.....	[ ]
9. Contracts, vendors, services .....	[ ]
(a) Copies of furnished service contracts (designating bid or non-bid) .....	[ ]
(b) Explanation of any affiliated or close handed agreements .....	[ ]

10.	Financial Statements .....	[ ]
	(a) Most recent audited financial statements .....	[ ]
(1)	Licensee .....	[ ]
(2)	Parent or controlling entity(ies).....	[ ]
	(b) Most recent unaudited quarterly financial statements .....	[ ]
(1)	Licensee .....	[ ]
(2)	Parent or controlling entity (ies) .....	[ ]
	(c) Attestation of Chief Financial Officer to (b) .....	[ ]

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

**SECTION IV - MANAGEMENT**

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

<u>Item #</u>	<u>Completion Check List</u>
1	Listing of all proposed company incorporators, officers, directors, shareholder, partners, proprietor, mgt. co. principals, association members and trustees (official form)..... [ ]
2.	Biographical Statement and Affidavits by incorporators, officers, directors, shareholders, partners, proprietor, mgt. co. principals, assn. Members and trustees (official form).. [ ]
	As to each biographical:
(a)	All information completed..... [ ]
(b)	Contains original signature..... [ ]
(c)	Notarized (original)..... [ ]
(d)	Original ..... [ ]
(e)	Provide SSN on separate page..... [ ]
3.	Investigative Background Report for each individual listed in Section IV-1 ..... [ ]
4.	Two fingerprint cards enclosed for each person listed in Section IV-1..... [ ]
	As to each fingerprint card:
(a)	Contains original signature of each respective officer..... [ ]
(b)	Card obtained from the office of Insurance Regulation..... [ ]
(c)	All information completed (DOB, citizenship, vital statistics)..... [ ]

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
CONTINUING CARE RETIREMENT COMMUNITY**

**SECTION V - FORMS**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Escrow agreements .....	[ ]
(a) Entrance fee escrow agreement .....	[ ]
(b) Seven-day escrow agreement .....	[ ]
(c) Minimum liquid reserve escrow agreements .....	[ ]
(1) Debt Service Reserve .....	[ ]
(2) Operating Reserve.....	[ ]
(3) Renewal and replacement Reserve.....	[ ]
2. Reservation and residency contracts .....	[ ]
(a) Reservation contracts .....	[ ]
(b) Residency contracts .....	[ ]

**THE COMPLETED CHECKLIST MUST BE RETURNED WITH THE APPLICATION  
PACKAGE.**

**DEPARTMENT OF FINANCIAL SERVICES  
FLORIDA OFFICE OF INSURANCE REGULATION**

**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

\_\_\_\_\_  
(Entity Name)

that he/she has read said 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

# INVOICE

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
CONTINUING CARE RETIREMENT COMMUNITY  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY**

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

FEIN \_\_\_\_\_

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

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

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

\_\_\_\_\_

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

Type of Entity: Stock corporation, non-profit corporation, general partnership, limited partnership, proprietorship, association, or trust.

1. Make check payable to the Office of Insurance Regulation and mail check and invoice only to the Office of Insurance Regulation, Bureau of Financial Services, Post Office Box 6100, Tallahassee, Florida 32314-6100.
2. Include a copy of the check and the invoice in Section I-1 of your application. The completed application package should be submitted to the Office of Insurance Regulation, Applications Coordination Section, 200 E. Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

	B/T	TY/CL	F/T	AMOUNT
Filing Fee	C	12/26	F	<u>\$50.00</u>
			Total	\$50.00

DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
TALLAHASSEE, FLORIDA 32399-0300

APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY TO PROVIDE  
CONTINUING CARE IN THE STATE OF FLORIDA

\_\_\_\_\_, 20\_\_\_\_\_  
TO THE DIRECTOR OF INSURANCE REGULATION OF THE STATE OF FLORIDA,  
TALLAHASSEE, FLORIDA

SIR:

The \_\_\_\_\_  
(Give name of company, partnership, proprietorship, trust or association in full)

Type of Entity: Stock corporation, non-profit corporation, general partnership, limited partnership,  
proprietorship, association, or trust. \_\_\_\_\_

Federal Employer's Identification Number \_\_\_\_\_

of \_\_\_\_\_  
(Home Office Address) (City) (State) (Zip)

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

through its duly authorized officers, hereby applies for license authorizing and empowering the Company,  
Partnership, Trust, or Association aforesaid to transact continuing care in the state of Florida, under the  
laws thereof.

**ATTESTATION**

I do solemnly attest that I am familiar with Chapter 651, Florida Statutes, relating to Continuing  
Care Contracts, and that all the responses, information, exhibits and documentary evidence submitted  
are true and correct to the best of my knowledge, information and belief.

By \_\_\_\_\_  
President, Managing General Partner, Partner, Trustee, etc.

(Corporate Seal, if applicable)

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

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

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

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

(Notary Seal)

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

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
CONTINUING CARE RETIREMENT COMMUNITY  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY  
EXHIBIT III-1**

**GENERAL INFORMATION**

I. **GOVERNING LAW AND RULES:** Continuing Care Providers are regulated pursuant to Chapter 651, FS, Rule 69O-193, FAC, and various provisions of the Florida Insurance Code which are incorporated by reference in Chapter 651, FS.

II. **FORMS:** A. All forms required to be submitted to the Office are contained in Office Rule 69O-93.065, FAC. No other forms will be accepted by the Office. B. When completing any Office form, if the space provided is insufficient for a full and complete response and additional space is necessary, attach a separate sheet, or provide the necessary documentation, cross-referenced to the specific item or question asked.

III. **APPLICATIONS:** A. Upon PCOA application approval you will be issued a facility file number (company number). This number will remain with you as long as you are an applicant or a Certificate holder. All correspondence with the Office must reference this facility file number. B. Providers with more than one facility in this state must reference the individual facility file number assigned to a specific facility when corresponding with the Office about that facility.

IV. **CERTIFICATIONS OR ATTESTATIONS:** When certifications or attestations are referenced in the applications, they generally will have the following meanings: A. In connection with organizational documents, certification must be from the Florida Secretary of State or the equivalent public official from the State of Domicile, if different than Florida. Where Corporate bylaws etc. are required, certification by the Corporate Secretary or equivalent, as to the truth and authenticity of the document is generally sufficient. B. Where audited financial statements or independent feasibility studies are required, the signed opinion of the preparer is generally sufficient. C. All other documents must be attested to by persons authorized by the charter or agreement of the applicant to make such affirmations. D. Where signatures are required, only an original manual signature is acceptable. Facsimiles are not acceptable and applications or reports so signed will be returned to you.

V. **CONTRACTS, DOCUMENTS OR AGREEMENTS:** A. All contracts, documents, or agreements, etc. required by Chapter 651, FS, or any rule promulgated pursuant thereto must be filed with (in duplicate with this application) and approved by the Office prior to its use in this state. Any document received must have on the first page a unique identifier or it will be returned as unacceptable for filing. For consistency, we recommend you utilize the following abbreviations as unique identifiers: RC - Residency Contract; RESV C - Reservation Contract; EA - Escrow Agreement; DSR – Debt Service Reserve; OR – Operating Reserve; RRR or R3 – Renewal and Replacement Reserve; Br Ad - Broadcast Advertisement; and Pr Ad - Printed Advertisement.. An example is as follows: A residency contract for Woodland Hills Retirement Center - 88999, who holds a PCOA: 88999RC07/19/97. No. 88999 identifies the submitter as Woodland Hills Retirement Center. RC identifies the document as a residency contract, and 07/19/97 identifies the date the document was drafted and submitted for approval. Any documents used in the normal course of business such as advertising, escrow agreements, reservation contracts, residency contracts, pamphlets, etc., must contain the unique identifier. B. Each material change, addendum, amendment or alteration of any service or information in a previously approved form constitutes a new form and must be filed with and approved by the Office prior to its use. New forms as outlined above and submitted for approval should be accompanied by a copy containing the changes, addendum, amendment or alteration underlined in red or "redlined."

VI. ADVERTISING: All prospective advertising must be submitted and approved by the Office prior to issuance and while holding the PCOA unless instructed otherwise. After issuance of a certificate of authority (COA), the advertising is not required to be submitted to the Office. The provider will remain responsible, however, for its advertising's content and use pursuant to Section 651.095, FS and Rules 69O-193.038, 4-193.040 and 4-193.043, FAC, and all rules promulgated thereunder and for maintaining its file. All advertising must be maintained on file for three years.

VII. FEASIBILITY STUDIES - PHASED DEVELOPMENTS: A. Each applicant for a PCOA must submit a feasibility study that meets the requirements of Section 651.022(3), FS. Each applicant for COA must submit a feasibility study that meets the requirements of Section 651.023(1)(b), FS. B. If a phased development is employed in the construction of the facility, each phase must stand on its own merits. The feasibility study must clearly demonstrate that the phase for which you are seeking a PCOA or a COA, as well as the overall project, is feasible when completed. Any feasibility study failing to do so, will cause the application to be unacceptable.

VIII. REQUIRED REPORT FILING: A. Each "Provider" holding a PCOA must submit verification of compliance with their projections for unit sales per month within 25 days from each month's end. B. Each "Provider" holding a COA must submit the following documents and information on or before May 1 of each year or within 120 days of the end of the designated fiscal year and for the preceding year or portion thereof, regardless of whether the facility is operational or not: 1. A minimum liquid reserve calculation, form OIR-A3-477. 2. An annual report, form OIR-A3-470. The annual report must be completed and returned to this office together with a separately bound audited financial statement prepared in accordance with generally accepted accounting principles by an Independent Certified Public Accountant. 3. Where a "Provider" owns or operates more than one facility, a consolidated financial statement is acceptable for the entire corporate entity provided complete supplemental schedules are included for each licensed facility in this state. 4. If the "Provider" owns or operates more than one facility in this state and files consolidated audited financial statements for the entire corporate entity, they must also file a separate statement of operations for each licensed facility in the state. If the provider has operations that are not Florida certificated facilities, they must also file a separate balance sheet, statement of operations, changes in equity, and cash flows for each Florida facility as supplemental schedules to the audited financial statements. C. Unless otherwise specified by the Office, each certificate holder must submit periodic sales and financial reports, form OIR-A3-974, quarterly and within 45 days of the end of the designated period. D. All financial reports must be prepared on a calendar year basis except as otherwise provided in Section 651.026(5), FS. E. Each quarter, escrow statements from the escrow agent indicating the amount of any disbursements from or deposits to the various escrow accounts required by Chapter 651, FS, must be submitted to the Office pursuant to applicable statutes. Escrow statements, which detail how the funds in escrow have been invested must be confirmed by the provider that all funds investment in escrow meets the requirements of PART II of Chapter 625, FS.

IX. ACQUISITIONS AND MERGERS: PCOA and COA are non-transferable. In the event of an acquisition, merger or change in control, the acquiring entity must file an application under Section 628.4615, FS. Contact the Applications Coordination Section for an application form.

- X. PROCESSING AND REVIEW: The Office adheres to the requirements of Chapter 651, FS and all rules promulgated pursuant thereto. A. When fees are required in connection with an application, all checks should be made payable to: "Office of Insurance Regulation".
- B. Questions or inquiries may be directed to:

Office of Insurance Regulation  
Bureau of Specialty Insurers  
200 East Gaines Street, Larson Building  
Tallahassee, Florida 32399-0331  
(850) 413-3144

Applications will normally be processed within thirty (30) days from the date of receipt by the Applications Coordination Section.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY TO PROVIDE  
CONTINUING CARE IN THE STATE OF FLORIDA  
EXHIBIT III-3  
INTERROGATORIES**

1. The applicant is: \_\_\_\_\_

(Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City, State, Zip Code)

\_\_\_\_\_

(Area Code, Telephone Number / Area Code, Fax Number)

\_\_\_\_\_

(Federal Employers Identification Number)

2. The contact person for the applicant is:

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City, State, Zip Code)

\_\_\_\_\_

(Area Code, Telephone Number / Area Code, Fax Number)

Please indicate whether or not you wish to have clarifications and communications regarding this application sent to you by internet and if so, what email address they should be sent to:

Yes  No

\_\_\_\_\_

(Email Address)

3. The facility when completed will be located at:

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City, County, State, and Zip Code)

4. The facility will be known as: \_\_\_\_\_
5. When completed, the facility will contain:  
 \_\_\_\_\_ independent CCRC living units, and  
 \_\_\_\_\_ independent Rental Living units, for a total number of  
 \_\_\_\_\_ independent units to be constructed.
6. When completed the facility will have: (check as applicable):  
 \_\_\_\_\_ Assisted Living.  
 \_\_\_\_\_ Intermediate Care.  
 \_\_\_\_\_ Skilled Nursing Care.
7. Health care will be provided: (check one)  
 \_\_\_\_\_ on-site  
 \_\_\_\_\_ off-site      \_\_\_\_\_ other (Provide Detailed Explanation).
8. Identify the entity that has or will actually make application for the proposed nursing bed "Certificate of Need" with the Florida Agency for Health Care Administration:  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Enter the total number of sheltered skilled nursing beds proposed to be included in the project:  
 \_\_\_\_\_. If both sheltered and community skilled nursing beds are proposed, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHECK THE FOLLOWING AS APPROPRIATE:**

10. The applicant is the owner of the proposed facility site?  
 \_\_\_\_\_ YES;      \_\_\_\_\_ NO.
11. The applicant intends to operate the facility?  
 \_\_\_\_\_ YES;      \_\_\_\_\_ NO.
12. The applicant intends to manage the facility?  
 \_\_\_\_\_ YES;      \_\_\_\_\_ NO.

13. The applicant intends to employ a management company to operate the facility?

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

(If yes submit a copy of the agreement in Section III-2, which must comply with Section 651.1151, FS, a list of the officers and directors of the management company and complete biographical information for all principals as detailed in Sections IV-2 through IV-4, Management.)

14. The applicant is a corporation for-profit.

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

15. The applicant is a corporation not-for-profit.

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

16. The applicant is a General Partnership.

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

17. The applicant is a Limited Partnership.

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

18. The applicant is a Limited Liability Company

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

19. Has the applicant or any entity affiliated with or controlling the applicant ever been convicted of a felony or pled nolo contendere to a felony charge or held libel or enjoined in a civil action by final judgment, if such action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property or are such actions currently pending?

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

(If yes submit a certified copy of the complaint and the final adjudication by the recording public official.)

20. Is the applicant or any entity affiliated with or controlling the applicant currently the subject of an injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, an action affecting a license under Chapter 400, Florida Statutes?

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

(If yes submit a certified copy of the complaint and the final adjudication by the recording public official.)

21. Has the applicant or any entity affiliated with or controlling the applicant, ever owned, operated, managed or developed a continuing care retirement community, adult congregate living facility or nursing home or similar facility?

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

22. Is the applicant or any entity affiliated with or controlling the applicant currently, own, operate, manage or are they developing any continuing care facility in any state?

\_\_\_\_\_ YES; \_\_\_\_\_ NO.

23. State the name, business address, and title of the individual who prepared the feasibility study:

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24. Furnish the page number(s) from the feasibility study where the following information can be found regarding the proposed facility:

- a. A description. pg \_\_\_\_\_
- b. The location. pg \_\_\_\_\_
- c. The size. pg \_\_\_\_\_
- d. The anticipated completion date. pg \_\_\_\_\_
- e. The proposed construction program. pg \_\_\_\_\_
- f. The primary market area. pg \_\_\_\_\_
- g. The secondary market area. pg \_\_\_\_\_
- h. Unit sales per month. pg \_\_\_\_\_
- i. Projected revenue & expense statements. pg \_\_\_\_\_
- j. Marketing expenses. pg \_\_\_\_\_
- k. Staffing requirements. pg \_\_\_\_\_
- l. Cost of property, plant & equipment. pg \_\_\_\_\_
- m. Projected balance sheet. pg \_\_\_\_\_

- n. Projected cash flow statements. pg \_\_\_\_\_
- o. Inflation factors. pg \_\_\_\_\_
- p. Estimate of funds required to cover start-up losses. pg \_\_\_\_\_
- q. Project costs. pg \_\_\_\_\_
- r. Marketing projections. pg \_\_\_\_\_
- s. Resident fees & charges. pg \_\_\_\_\_
- t. Competition. pg \_\_\_\_\_
- u. Contract provisions. pg \_\_\_\_\_
- v. Breakeven point. pg \_\_\_\_\_

25. For accounting and reporting purposes, the applicant's fiscal year-end will be:

\_\_\_\_\_

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
MANAGEMENT INFORMATION FORM  
COMPLETE LISTING OF INCORPORATORS, OFFICERS,  
DIRECTORS, SHAREHOLDERS (10% OR MORE), PARTNERS, PROPRIETOR,  
MANAGEMENT COMPANY PRINCIPALS, ASSOCIATION MEMBERS, AND TRUSTEES**

**For All Individuals Listed Please Provide The Following Information: Name / Company(ies) / Title(s) / Residence / Bus. Address / and Ownership Percentage (if appropriate)**

**INCORPORATORS / OFFICERS / DIRECTORS / SHAREHOLDERS**

**PARTNERS / PROPRIETOR / MANAGEMENT COMPANY PRINCIPALS**

**ASSOCIATION MEMBERS / TRUSTEES**

**CERTIFICATION BY PREPARER**

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**Signature, Position of Preparer and Date (See Section IV-1 For Details)**