



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

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**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID HEALTH CLINIC**

**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.**



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

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**PREPAID HEALTH CLINIC**  
**APPLICATION FOR CERTIFICATE OF AUTHORITY**

MAIL TO: OFFICE OF INSURANCE REGULATION  
COMPANY ADMISSIONS  
200 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399-0332

**Authority**

S. 641.405(1) Pursuant to Chapter 641, Part III, Florida Statutes, application is hereby made to operate a Prepaid Health Clinic.

Proposed name of Prepaid Health Clinic:

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

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

Phone: \_\_\_\_\_

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

How long has the PHC been in operation:  
(Specify beginning date): \_\_\_\_\_

One complete set of application documents must be submitted. Please be specific in your answers and provide supporting documentation for each item. The items are as follows:

## **ORGANIZATIONAL**

- \_\_\_ 1. S. 641.405(2)(f) Enclose a copy of the Health Care Provider Certificate, as issued by the Department of Health and Rehabilitative Services or evidence that application has been made for a Health Care Provider Certificate.
- \_\_\_ 2. S. 641.412(1)(a) A check for \$150 made payable to "Department of Financial Services" covering the filing fee for this application.

### **Authority**

- \_\_\_ 3. S. 641.405(2)(a) A copy of the PHC's basic organizational documents including Articles of Incorporation, Articles of Association, Partnership Agreement(s), Trust Agreement, or other applicable documents and all amendments thereto.
- \_\_\_ 4. S. 641.405(2)(a) If the proposed PHC is already incorporated, a copy of the Certificate of Incorporation as filed with the Secretary of State.
- \_\_\_ 5. S. 641.405(2)(b) A copy of the proposed PHC's Bylaws, Rules or Regulations, or similar form of document.
- \_\_\_ 6. S. 641.405(2)(c) A list of names, addresses, and official capacities of all persons who are to be responsible for the conduct of the PHC's affairs including officers and directors, trustees, partners, and associates.
- \_\_\_ 7. S. 641.406(7) A list of the owners of the PHC, including the number of shares of stock or ownership interest of each person.
- \_\_\_ 8. S. 641.406(7) Complete biographical information, to be submitted on forms provided in this application packet, on all persons controlling 10% or more of the ownership interest of the PHC, and all officers, directors, trustees, partners, or associates of the Prepaid Health Clinic. Submit an original of each Biographical Affidavit.

The requirements for the affiant's social security number (SSN) as part of the Biographical Affidavit is mandatory. However, pursuant to sections 119.071(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 Biographical Affidavit, please include the affiant's name and social security 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 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.

\_\_\_\_ 9. S. 641.405(2)(c)

Copies of all contracts, past or current, between the PHC and any person listed in item "6", or with any entity of which any of these persons is an officer, director, partner, trustee, or associate, in which he or any member of his family owns 10% or more of stock or other financial interest including any possible conflicts of interest.

\_\_\_\_ 10. S. 641.406(7)

Documentary evidence that the governing body of the PHC has designated a qualified administrator to manage the PHC's operations. This should include a resume of the administrator.

**Authority**

**CONTRACTUAL**

- \_\_\_ 11. S. 641.405(2)(e) Three copies of every contract, rider, endorsement, certificate, application, or other form the PHC proposes to offer to its subscribers. Follow the list of requirements for individual and group contracts enclosed in this application kit, as well as the requirements in the law concerning the definition of basic services and for PHC contracts. Every subscriber contract must be identified by a unique form number located on the lower left corner of each page of the contract.
- \_\_\_ 12. S. 641.427 A list of the reasons for which the PHC can terminate a subscriber's contract and the reasons for which the subscriber can terminate his or her contract.
- \_\_\_ 13. S. 641.405(2)(e) A table of rates proposed to be charged for each form of subscriber contract.
- \_\_\_ 14. S. 641.42(5) A complete description of the procedure established for handling subscriber grievances.

**MARKETING**

- \_\_\_ 15. S. 641.405(2)(d) A statement generally describing the clinic and its operations.
- \_\_\_ 16. S. 641.441 A copy of all advertising to be used or currently in use. This includes print advertising and scripts for TV or radio advertising.
- \_\_\_ 17. S. 641.406(4) A complete explanation of the manner in which the PHC will merchandise subscriber contracts.
- \_\_\_ 18. S. 641.405(2)(c) A list of the names and addresses of all sales representatives.
- \_\_\_ 19. S. 641.405(2)(e) A statement giving the present (if applicable) projected number of subscribers to be enrolled yearly for the next three years.

## Authority

## FINANCIAL

- \_\_\_\_ 20. S. 641.406(6) Executed copies of the insurance policies covering general liability and medical malpractice insurance for the PHC.
- \_\_\_\_ 21. S. 641.406(6) An executed copy of the PHC's fidelity bond covering employee dishonesty.
- \_\_\_\_ 22. S. 641.406(6) If the PHC has secured catastrophic or back-up insurance coverage (reinsurance for the excess loss coverage), you are required to submit executed copies of the policy or policies.
- \_\_\_\_ 23. S. 641.405(2)(g) A current financial statement, including all assets and liabilities of the PHC, also contingent liabilities, unpaid obligations, and actions or suits pending against or anticipated, prepared on the basis of generally accepted accounting principles.
- \_\_\_\_ 24. S. 641.407 A statement of the proposed initial working capital reserves of the PHC.
- \_\_\_\_ 25. S. 641.405(2)(g) If your group is already operating as a clinic, a profit and loss statement and balance sheet for the past three years.
- \_\_\_\_ 26. S. 641.405(2)(g) If your group has not been operating as a PHC, a pro-forma (projected) operating statement for the first year and a projected balance sheet (statement of financial position) at the end of the first year.
- \_\_\_\_ 27. S. 641.406(3) The method in which the PHC shall comply with the minimum surplus requirement of Section 641.407, Florida Statutes.
- \_\_\_\_ 28. S. 641.405(2)(g) A cash flow analysis of the PHC for the period until the PHC shows three months of profitability. (If the PHC is already profitable, provide one year analysis).
- \_\_\_\_ 29. S. 641.409(1)(a)  
S. 641.409(1)(b)  
S. 641.409(3) The method in which the PHC shall comply with the minimum surplus requirement of Section 641.409, Florida Statutes. All PHCs must make a deposit with the Office of Insurance Regulation in the amount of \$30,000. Also, PHCs must purchase insurance or a surety bond in an amount acceptable to the Office, which shall cover the subscribers in the event of insolvency of the PHC.

**Authority**

- \_\_\_\_ 30. S. 641.406(2) An actuarial analysis of the rates of the PHC, showing that the proposed rates are actuarially sound for the benefits provided, including administrative costs.
- \_\_\_\_ 31. S. 641.405(2)(c) Copies of all relevant business leases.
- \_\_\_\_ 32. S. 641.43 Written contracts identifying each physician or physician group that will be providing service to PHC subscribers. Such contracts must include the hold-harmless clause for subscribers which is required by Section 641.43, Florida Statutes.

This application must be signed by two officers of the PHC and notarized by a notary public.

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

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

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

(SEAL) \_\_\_\_\_

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