

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

APPLICATION FOR CERTIFICATE OF AUTHORITY
(Multiple Employer Welfare Arrangement)

TO THE DIRECTOR OF OFFICE OF INSURANCE REGULATION _____, 20____
TALLAHASSEE, FLORIDA

SIR: The _____
(Name of trade, industry, or professional association)

Federal Identification Number _____

Organized (date) _____

of _____
(Home Office Address) (City) (State) (Zip)

Telephone: () _____ Fax: () _____

through its duly authorized officers, hereby applies for license authorizing and empowering the Association aforesaid to operate as a multiple employer welfare arrangement 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

Attest _____
Secretary

Name of Multiple Employer Welfare Arrangement:

Date Arrangement Established: _____

Name of Attorney or Principal filing this application:

Address: _____

Telephone: () _____ Fax: () _____