



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

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**APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**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 LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION I - APPLICATION FEES AND FORMS**

Section I-1 License Fee

Applicants must pay a license fee of \$200. This fee is due and payable at the time of filing the application for licensure.

Secure your check to the INVOICE (included in this package) and send to:

Florida Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, FL 32314-6100

Place a copy of the INVOICE and a copy of the check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fee.

Section I-2 Fingerprint Fee

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 License to Conduct Business in the State of Florida (Home Warranty Association) (Official Form).

Complete this form and have it signed by the President and Secretary of the company. An original signature and corporate seal are required on the application form submitted to the Office.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION II - LEGAL**

Section II-1 Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. They must be recently certified by the State of domicile. The certification letter must be an original, certified by the State of domiciles public official having custody of the original certificate.

Section II-2 Certificate of Status from Florida Secretary of State

Provide an original certificate of status from the Florida Secretary of State if the applicant is a foreign corporation. All foreign corporations are required to secure, through the office of the Secretary of State of Florida, a charter to do business in Florida.

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of Insurance Regulation as part of your application as proof of your filing with the Secretary of State as a foreign corporation.

Section II-3 Company Bylaws

The Bylaws must be sealed by the company and signed and dated by the Secretary of the company. NO signatures other than the Secretary's signature will be accepted.

Section II-4 Service of Process Consent and Agreement (Official Form)

The Service of Process Consent and Agreement form (attached). NO signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted, and the signatures must be under corporate seal.

Section II-5 Fictitious Name Filing

If the organization plans to utilize a fictitious name, include in this section one certified copy (not a photocopy) of a certificate from the Clerk of the Circuit Court in the county where domiciled, attesting to compliance with Section 865.09, Florida Statutes (the Fictitious Name Statute).

## Section II-6 Certificate of Status from State of Domicile

A certificate of status is a document issued by the public official having supervision of the records of corporations, usually the Secretary of State. This document shows that the company is duly organized in the state and that all taxes and fees have been paid. The certificate must be obtained from the applicant's home state and filed with the application. It must show good standing, be sealed by the state, and be an original document, not a copy.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION III – FINANCIAL**

Section III-1 Financial Statements

The applicant must submit complete financial statements that contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than twelve (12) months old.

Section III-2 Financial Requirements

The applicant must comply with either of the following:

- A. Supply the Office with a copy of an approved executed contractual liability insurance policy. (See the attached sample policy form for approvable language.)

The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are **not** acceptable.

Or,

- B. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.3077(1), Florida Statutes. If the applicant has home warranties on its books at the time of application, provide a list of the assets funding the reserve.

Section III-3 Deposit

To assure the faithful performance of its obligations to its contract holders in the event of insolvency, each home warranty association shall, before the issuance of its license, deposit and maintain securities of the type eligible for deposit. a.) Home warranty associations shall deposit \$100,000 in securities in accordance with Section 625.52, Florida Statutes. OR, b.) The applicant may file with the Office, subject to the approval by the Office, a surety bond issued by an authorized surety insurer not to exceed an amount of \$75,000 plus; a deposit equal to a minimum amount of \$25,000 in securities in accordance with Section 625.52, Florida Statutes.

For information on how to make the required securities deposit, contact the Bureau of Collateral Management at:

Department of Financial Services  
Bureau of Collateral Management  
Capitol Building – Room P-3  
Tallahassee, FL 32399-0345  
(850) 413-3167

#### Section III-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

A. **History.** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

Also in this section, list all companies or individuals which directly or indirectly control, or are controlled by, or under control of, the applicant. Include the names and addresses of all affiliates, subsidiaries, or related entities. Along with the list, an organizational chart must be included for clarification purposes.

In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize. Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this State as will tend to mislead or confuse the public, as required by Section 634.304 (3), Florida Statutes.

B. **Management.** Applicant is to provide its home warranty experience in the areas of marketing, claims handling, accounting and investments.

C. **Products.** Applicant should give a description of each product it plans to market.

D. **Marketing and Growth.** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern and other pertinent information affecting marketing plans.

Section III-5 States Where Applicant is Currently Doing Business

In this section, the applicant should provide a list of states in which it or affiliated companies conduct home warranty business.

Section III-6 Alphabetical List of Proposed Sales Representatives

The applicant should complete the attached form relating to proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Bureau of Licensing by calling (850) 413-3137.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION IV - MANAGEMENT**

**ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

Section IV-1: List of All Officers, Directors and Shareholders

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% or more), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholders owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.
- C. Full names, including middle names, must be listed. Please state if a middle name does not exist.

Section IV-2 Biographical Statement and Affidavit for Officers, Directors and Shareholders

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), 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 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), 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.

### Section IV-3 Investigative Background Reports

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 LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION V - FORMS AND RATES**

**NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS OR RATES.**

Section V-1 Forms

Submit three copies of all proposed warranty contracts, related forms and sales brochures. The warranty contracts and applications for warranty contracts should be serially pre-numbered and contain spaces for the selling price; the name of the issuing sales representative; the date of issuance; the contract period; and the name, address and phone number of the contract holder.

Section V-2 Rates

Submit three copies of all rates to be charged, rating schedules or rating manuals. Please note that all warranty contracts must be sold at the approved rates.

Section V-3 Commission Structure

Submit a complete breakdown of your proposed commission structure. This breakdown should include but not be limited to: sales representatives, agents, insurers and licensed administrators.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
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HOME WARRANTY ASSOCIATION**

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

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

<u>Item #</u>	<u>Completion Check List</u>
1. Specialty insurer license fee paid .....	<input type="checkbox"/>
(a) Copy of invoice included (Official Form) .....	<input type="checkbox"/>
(b) Copy of check .....	<input type="checkbox"/>
(c) Copies placed as top documents in application.....	<input type="checkbox"/>
(d) Original mailed to Bureau of Financial Services .....	<input type="checkbox"/>
2. Fingerprint fees paid electronically .....	<input type="checkbox"/>
(a) Copy of on-line payment confirmation .....	<input type="checkbox"/>
Or, if applicable	
(b) Copy of form OIR-C1-903 (Invoice) included .....	<input type="checkbox"/>
c) Copy of Check included .....	<input type="checkbox"/>
(d) Originals mailed to Bureau of Financial Services .....	<input type="checkbox"/>
3. Company completed application for license (Official Form) .....	<input type="checkbox"/>
(a) All blanks completed .....	<input type="checkbox"/>
(b) Sealed by company .....	<input type="checkbox"/>
(c) Signed by President (original signature) .....	<input type="checkbox"/>

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION II - LEGAL**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation .....	<input type="checkbox"/>
(a) Original certification by State of domicile's public custodian .....	<input type="checkbox"/>
(b) Articles with all amendments attached .....	<input type="checkbox"/>
2. Certificate of Status from Florida .....	<input type="checkbox"/>
(a) Good standing indicated .....	<input type="checkbox"/>
(b) Sealed by State .....	<input type="checkbox"/>
(c) Signed by Secretary of State .....	<input type="checkbox"/>
(d) Original.....	<input type="checkbox"/>
3. Company Bylaws .....	<input type="checkbox"/>
(a) Signed and dated by corporate secretary .....	<input type="checkbox"/>
(b) Sealed by the company (corporate seal) .....	<input type="checkbox"/>

- 4. Service of Process Consent and Agreement (Official Form) .....

  - (a) Signed and dated by:
    - 1. President or Chief Executive Officer .....
    - 2. Secretary .....
  - (b) Sealed by company (corporate seal) .....
  - (c) Original with all blanks completed .....

- 5. Fictitious Name Certificate (if applicable) .....

  - (a) Original .....

- 6. Certificate of Status from State of Domicile.....

  - (a) Good standing indicated .....
  - (b) Sealed by State .....
  - (c) Signed by Secretary of State .....
  - (d) Original .....

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION III - FINANCIAL**

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

<u>Item #</u>	<u>Completion Check List</u>
1.	Financial Statements ..... <input type="checkbox"/>
(a)	Balance sheet ..... <input type="checkbox"/>
(b)	Income statement ..... <input type="checkbox"/>
(c)	Statement of cash flows ..... <input type="checkbox"/>
(d)	Verified under oath by at least two of the principal officers ..... <input type="checkbox"/>
(e)	Not over 12 months old ..... <input type="checkbox"/>
(f)	If indication of a parent corporation in Section IV, financial statement for parent ..... <input type="checkbox"/>
2.	Financial requirements ..... <input type="checkbox"/>
(a)	A copy of the executed contractual liability insurance policy ..... <input type="checkbox"/>
	Or
(b)	A sworn statement of intent to establish a reserve ..... <input type="checkbox"/> If applicable, a list of the assets funding the reserve ..... <input type="checkbox"/>
3.	Deposit:
(a)	\$100,000 ..... <input type="checkbox"/>
	Or
(b)	\$25,000 and \$75,000 Surety bond ..... <input type="checkbox"/>

- 4. Plan of Operations ..... 
  - (a) History ..... 
    - List of controlling or controlled companies .....
    - List of d/b/a's, trade names, or fictitious names .....
  - (b) Management .....
  - (c) Products .....
  - (d) Marketing & Growth .....
- 5. List of states in which the applicant is licensed to operate .....
- 6. List of sales representatives (Official Form) .....

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION IV - MANAGEMENT**

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

<u>Item #</u>	<u>Completion Check List</u>
1.	Listing of all officers, directors, controlling individuals and shareholders .... <input type="checkbox"/>
a.	Separate listing of all officers, directors, controlling individuals, and shareholders including percentage held and number and class of shares for the company and its parents and/or holding companies (Official Form) ..... <input type="checkbox"/>
b.	If parent company indicated, organization chart ..... <input type="checkbox"/>
c.	Full names and titles listed (including full middle name or indication if one does not exist) ..... <input type="checkbox"/>
2.	Biographical Affidavits for each individual listed in Section IV-1 (Official Form) ..... <input type="checkbox"/>
For each form:	
(a)	All blanks completed ..... <input type="checkbox"/>
(b)	Contains original signature ..... <input type="checkbox"/>
(c)	Notarized (original) ..... <input type="checkbox"/>
(d)	Full name given (including full middle name or indication if one does not exist) ..... <input type="checkbox"/>
(e)	Submitted original of each affidavit ..... <input type="checkbox"/>
(f)	Provide Social Security Number on separate page ..... <input type="checkbox"/>

3. Investigative Background Report for each Individual listed in Section IV-1 .....

4. Fingerprint cards enclosed for each person listed in Section IV-1 .....

For each card:

(a) Card obtained from the Office of Insurance Regulation .....

(b) Card contains original signature .....

(c) No erasures on or alteration of card .....

(d) All blanks completed .....

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION V - FORMS AND RATES**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Forms and sales brochures .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
(b) Serially pre-numbered .....	<input type="checkbox"/>
(a) Spaces for:	
(1) Selling price .....	<input type="checkbox"/>
(2) Name of issuing sales representatives.....	<input type="checkbox"/>
(3) Date of issuance .....	<input type="checkbox"/>
(4) Contract period .....	<input type="checkbox"/>
(5) Contract holder's names, address, and phone number .....	<input type="checkbox"/>
2. Rates to be charged .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
3. Proposed commission structure .....	<input type="checkbox"/>

**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 \_\_\_\_\_ that he/she has read said  
(Entity Name)

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

DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION

APPLICATION FOR LICENSE TO CONDUCT BUSINESS  
IN THE STATE OF FLORIDA  
HOME WARRANTY ASSOCIATION

\_\_\_\_\_, 20\_\_

TO THE DIRECTOR OF INSURANCE REGULATION OF THE STATE OF FLORIDA,  
TALLAHASSEE, FLORIDA

SIR: The \_\_\_\_\_  
(Give name of applicant company in full)

Federal Identification Number \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

through its duly authorized officers, hereby applies for license authorizing and empowering the company aforesaid to transact home warranty business 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

(Corporate Seal)

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

Name of Attorney or Principal filing this application:

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

OIR-C1-490  
REV 12/05

**INVOICE**

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
HOME WARRANTY ASSOCIATION  
REQUEST FOR PAYMENT OF APPLICATION FEES**

The enclosed check number \_\_\_\_\_, in the amount of \$ \_\_\_\_\_, dated \_\_\_\_\_ is transmitted herewith to cover taxes and fees due the State of Florida.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
(Corporate Official)

Forward to: Department of Financial Services  
Office of Financial Services  
Post Office Box 6100  
Revenue Processing Section  
Tallahassee, Florida 32314-6100

**FOR DEPARTMENT USE ONLY**

.RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	AMOUNT	SOURCE
	\$200.00	10	31			
LICENSE NUMBER	Dated			Mailed		
	MO	DAY	YR	MO	DAY	YR
	MAILED BY					