

INVOICE

DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
COMMERCIAL SELF-INSURANCE FUND

APPLICATION FOR CERTIFICATE OF AUTHORITY  
COMMERCIAL SELF-INSURANCE FUND

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

FEIN \_\_\_\_\_

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

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

PHONE NUMBER: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

(CITY)

(STATE)

(ZIP CODE)

1. Make payable to the Florida Department of Financial Services and mail check and invoice only to the Department of Financial Services, Bureau of Financial Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.

2. Send a copy of the check and a copy of the invoice along with the completed application package to the Department of Financial Services, Office of Insurance Regulation, Applications Section, Larson Building, Tallahassee, Florida 32399-0332.

TYPE: 10                      CLASS: 30                      Company License Tax                      \$1,000.00

TYPE: 10                      CLASS: 06                      Filing Fee                                      \$1,500.00

Total                                      \$2,500.00