

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

APPLICATION FOR LICENSE TO CONDUCT BUSINESS IN THE STATE OF FLORIDA  
(Commercial Self-Insurance Fund)

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

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

SIR: The \_\_\_\_\_  
(Give name of proposed Fund)

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

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

Phone Number \_\_\_\_\_

through its duly authorized officers, hereby applies for license authorizing and empowering the Company or Association aforesaid to transact the following kinds of insurance or branches of business in the State of Florida, under the laws thereof, during the year ending May 31, 20\_\_\_\_.

Class of Business

Code Number

By \_\_\_\_\_  
Chairman Board of Trustees

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