APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENTS

CHECK LIST
SECTION I - APPLICATION FEES AND FORM

Company Name: _____

Item #			Completion Check List
1.	Specialty insurer application fees paid		❑
	(a)	Copy of invoice included (Official Form)	❑
	(b)	Copy of check	❑
	(c)	Originals mailed to Bureau of Financial and Support Services	❑
2.	Association completed application for license (Official Form)		❑
	(a)	All blanks completed	❑
	(b)	Sealed by association	❑
	(c)	Signed by President (original signature)	❑

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SECTION II - LEGAL

Company Name: _____

Item #		Completion Check List
1.	Articles of Incorporation of the Sponsoring Association.....	❑
(a)	Original certification by Florida Secretary of State.....	❑
(b)	Articles with all amendments attached.....	❑
2.	Certificate of Status from Florida Secretary of State of the Sponsoring Association	❑
(a)	Good standing indicated.....	❑
(b)	Sealed by state	❑
(c)	Signed by proper public official	❑
(d)	Original and one copy.....	❑
3.	Association By-Laws, Rules and Regulations, and/or Constitution	❑
(a)	Signed and dated by association secretary	❑
(b)	Sealed by association.....	❑
(c)	Original and one copy.....	❑
4.	Trust Agreement	❑
(a)	Agreement signed by all trustees (Original and one copy)	❑
(b)	Other documents specifying authority of trustees (Original and one copy)	❑

5. Articles of Incorporation of the Arrangement..... ❑

   (a) Original and one copy..... ❑

6. Bylaws of the Arrangement ..... ❑

   (a) Original and one copy..... ❑

7. Certificate of Status of the Arrangement ..... ❑

   (a) Original and one copy..... ❑

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SECTION III - FINANCIAL AND RELATED INFORMATION

Company Name: _____

Item #			Completion Check List
1.	Federal form 5500		❑
2.	Plan of Operations		❑
	(a)	Current operations	❑
		1. Number of employers	❑
		2. Number of employees	❑
		3. Number of dependents	❑
	(b)	Management	❑
		1. Relationship identified between arrangement's trustees and their employers	❑
		2. Officers' employers names and addresses	❑
		3. List of individuals responsible for managing funds of arrangement	❑
	(c)	Administration	❑
		1. TPA License attached	❑
		2. TPA Agreement attached	❑
	(d)	Claims adjusting and underwriting	❑
		1. Number of adjusters and underwriters	❑
		2. Plan to service billings, claims, and underwriting	❑
		3. Justification of underwriting criteria	❑

4. Special health test procedures ..... ❑

(e) Marketing and growth ..... ❑

1. Marketing efforts ..... ❑

2. List of persons employed to solicit participants or adjust claims ❑

3. Type of licenses or qualifications ..... ❑

4. List of individuals contracted to solicit ..... ❑

3. Fidelity bond ..... ❑

4. Excess insurance agreement ..... ❑

5. Fund balance ..... ❑

6. Feasibility study ..... ❑

(a) Addresses market potential, market penetration, and market competition ..... ❑

(b) Current audited financial statements ..... ❑

(c) Projected income statement ..... ❑

(d) Projected cash flow analysis ..... ❑

(e) Projected balance sheet ..... ❑

(f) Proposed initial cash and cash reserves summary ..... ❑

(g) Insolvency protection deposit requirement ..... ❑

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SECTION IV - MANAGEMENT

Company Name: _____

Item #		Completion Check List
1.	Alphabetical listing of officers, directors, and trustees	❑
(a)	Separate listing of all officers and directors for sponsoring association (Official Form)	❑
(b)	Separate listing of trustees (Official Form).....	❑
(c)	Full names listed.....	❑
(d)	Titles listed	❑
2.	Biographical affidavits for each individual listed in Section IV-1 (Official Form).....	❑
	For each biographical affidavit:	
(a)	All blanks completed.....	❑
(b)	"Yes" answers explained.....	❑
(c)	Contains original signature.....	❑
(d)	Notarized (original)	❑
(e)	Submitted original of each affidavit	❑

4. Investigative Background Report for each individual listed in Section IV-1 ❑

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SECTION V - FORMS AND RATES

Company Name: _____

Item #			Completion Check List
1.	Forms		❑
	(a)	3 copies	❑
	(b)	Contain assessability language	❑
	(c)	Meet flesch score requirements	❑
2.	Marketing material		❑
	(a)	Advertising material	❑
	(b)	Participating employer application	❑
	(c)	Description of association support	❑
3.	Rates to be charged		❑
	(a)	3 copies	❑
4.	Actuarial report		❑
	(a)	Prepared by certified actuary	❑
	(b)	Prepared in accordance with standards of American Academy of Actuaries	❑
	(c)	Includes description of assumptions	❑
	(d)	Includes estimation of incurred but not reported claims (IBNR)	❑
	(e)	Includes forecast of rates/claims	❑
	(f)	Includes certification	❑