



Office of Insurance Regulation
Company Admissions

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

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. For iApply only questions, contact the Application Coordinator at 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.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

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

Section I-1 Application Fees

Applicants must pay an application filing fee of \$500. These fees are 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, Florida 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 fees.

Section I-2 Application for License to Conduct Business in the State of Florida (Service Warranty Association - Manufacturer or Affiliate) (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 Department.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

**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 applicant's 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 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 currently sealed by the state, and be an original document, not a copy.

Section II-3 Company By-Laws

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 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 Certificate of Status from Florida Secretary of State

Provide a 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-6 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).

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

**INSTRUCTIONS
SECTION III - FINANCIAL**

Section III-1 Financial Statements

Applicant is required to supply, in this section, the most current audited financial statements evidencing a net worth of at least \$10,000,000.

Section III-2 Financial Requirements

In this section, the applicant is required to furnish the following:

- A. A copy of the applicant's debt rating made by a recognized National Rating Service, if any debt securities are outstanding.
- B. A copy of the most recent Form 10K, Form 10Q or Form 20G, as filed with the United States Securities and Exchange Commission.
- C. The applicant must comply with either of the following:
 - 1. 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,

- 2. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a reserve as outlined by Section 634.406(1), Florida Statutes. If the applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve.

Section III-3 Plan of Operations

It is important for the Department 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. Include 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 that directly or indirectly control, are controlled by, or are under control of the applicant. Along with the list, an organizational chart may be included for clarification purposes.

In addition, provide a list of all d/b/a's, trade names, fictitious names or names the general public may recognize.

- B. **Management.** Applicant is to give the warranty experience of each individual (by name) involved in the areas of marketing, reserving, claims handling, accounting and investments.
- C. **Warranty 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, commission rates, projected growth pattern and other pertinent information effecting the warranty marketing plans.

Section III-4 States Where Applicant is Currently Doing Business

In this section, the applicant should provide a list of all states in which it is currently authorized to transact business.

Section III-5 Qualifications

In this section, the following information is required to be provided and certified by a principal officer of the company as being true and correct:

- A. A list of the names of the products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
- B. A statement that the applicant has derived in its most recent fiscal year the majority of its revenues from products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.

- C. A statement that warranty contracts are and will only be sold for products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
- D. A statement that the required warranty register is maintained.
- E. The total amount of the gross written premiums in force, wherever written, for warranties written in other states.
- F. A statement that the applicant's stock is traded on a recognized stock exchange or is listed in NASDAQ and publicly traded on the over-the-counter securities markets.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

**INSTRUCTIONS
SECTION IV - MANAGEMENT**

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

Section IV-1 Alphabetical List of Board of Directors and Managing Executive Officer

A list of the names and business addresses of each member of the Board of Directors and the Managing Executive Officer should be provided in this section.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

**INSTRUCTIONS
SECTION V - FORMS AND RATES**

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

Section V-1 Warranty Forms

Submit three copies of all warranty forms and related forms proposed to be used. The serially pre-numbered contract forms should include, at a minimum, spaces for the following: the selling price paid by the consumer, the name of the issuing sales representative, the date the contract was issued, the name and street address of the warranty holder, and the warranty period.

Section V-2 Rates

Submit three copies of the rates to be charged including all modifications of rates and premiums.

Section V-3 Commission Structure

Submit a complete breakdown of the proposed commission structure.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

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

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Specialty Insurer application fee paid	<input type="checkbox"/>
(a) Copy of invoice included (Official Form)	<input type="checkbox"/>
(b) Copy of check	<input type="checkbox"/>
(c) Placed as top documents	<input type="checkbox"/>
(d) Original mailed to Bureau of Financial and Support Services	<input type="checkbox"/>
2. 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"/>

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

**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	<input type="checkbox"/>
(b) Articles with all amendments attached	<input type="checkbox"/>
2. Certificate of Status from State of Domicile	<input type="checkbox"/>
(a) Good standing indicated	<input type="checkbox"/>
(b) Sealed by state	<input type="checkbox"/>
(c) Signed by proper public official	<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 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. Certificate of Status from Florida Secretary of State (Foreign Corporations Only)
 - (a) Original
- 6. Fictitious Name Certificate (if applicable)
 - (a) Original

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

**CHECK LIST
SECTION III - FINANCIAL AND RELATED INFORMATION**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Financial Statements	<input type="checkbox"/>
(a) Not over twelve months old	<input type="checkbox"/>
(b) Audited	<input type="checkbox"/>
(c) \$10,000,000 net worth	<input type="checkbox"/>
2. Financial Requirement	<input type="checkbox"/>
(a) Debt rating	<input type="checkbox"/>
(b) Form 10K, 10Q, or 20G	<input type="checkbox"/>
(c) The applicant must comply with either of the following:	
(1) A copy of the executed contractual liability insurance policy	<input type="checkbox"/>
Or	
(2) A sworn statement evidencing establishment of a reserve... A list of assets funding the reserve.....	<input type="checkbox"/> <input type="checkbox"/>
3. Plan of Operations	<input type="checkbox"/>
(a) History	<input type="checkbox"/>
List of controlling or controlled companies	<input type="checkbox"/>
List of d/b/a's, trade names, or fictitious names	<input type="checkbox"/>
(b) Management	<input type="checkbox"/>
(c) Warranty products	<input type="checkbox"/>
(d) Marketing and growth	<input type="checkbox"/>

- 4. List of states applicant is authorized to do business in
- 5. Qualifications
 - (a) Names of products
 - (b) Statement regarding source of revenues
 - (c) Statement regarding sale of warranty contracts
 - (d) Statement regarding warranty register
 - (e) Gross written premiums in force
 - (f) Statement regarding stock

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

**CHECK LIST
SECTION IV - MANAGEMENT**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Alphabetical listing of directors and managing executive officer	<input type="checkbox"/>

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

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

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Warranty forms	<input type="checkbox"/>
(a) 3 copies	<input type="checkbox"/>
(b) Serially pre-numbered	<input type="checkbox"/>
(c) Spaces for selling price paid by the consumer, name of issuing sales representative, date issued, warranty-holder's name and street address, and warranty period	<input type="checkbox"/>
2. Rates to be charged	<input type="checkbox"/>
(a) 3 copies	<input type="checkbox"/>
3. Proposed commission structure	<input type="checkbox"/>

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

**APPLICATION FOR LICENSE TO CONDUCT BUSINESS
IN THE STATE OF FLORIDA
(Service Warranty Association - Manufacturer or Affiliate)**

_____, 20____

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

SIR: The _____
(Give name of company or association 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 or Association aforesaid to transact service 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:

Street Address : _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

INVOICE

**SERVICE WARRANTY ASSOCIATION
MANUFACTURER OR AFFILIATE**

REQUEST FOR PAYMENT OF APPLICATION FEES

NAME OF COMPANY: _____

FEIN# _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

(CITY) (STATE) (ZIP CODE)

In reference to the submission by the above-referenced specialty insurer's application to do business in Florida, it is necessary to return this form with the proper payment.

PLEASE NOTE:

1. Send a check in the proper amount made payable to the Department of Financial Services and mail the 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 Office of Insurance Regulation, Application Coordination Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

<u>RECEIPT NUMBER</u>	AMOUNT	TYPE	CLASS	FUND	ACCT	SOURCE
	\$500.00	10	39	3	00	2