



Office of Insurance Regulation
Company Admissions

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

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
PREMIUM FINANCE COMPANY**

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

Section I-1 License Fee

A license fee of \$250 must accompany each application as required by Sections 627.828(4) and 627.849(1)(a), Florida Statutes.

Section I-2 Investigation Fee

An investigation fee of \$100 must accompany each application as required by Sections 627.828(4) and 627.849(1)(b), Florida Statutes.

Section I-3 Fingerprint Processing 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.

Submit a copy of the invoice and a copy of the check with your online application filing via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee.

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.

Section I-4 Application for License to Conduct Business as a Premium Finance Company in the State of Florida.

An original signature by the applicant's president must appear on this form under corporate seal. If the corporation does not have a seal, a letter signed by the corporate secretary must be provided stating that the corporation does not have a seal.

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS
SECTION II - LEGAL**

Section II-1 Articles of Incorporation

Provide the applicant's Articles Of Incorporation and all amendments if the applicant is a corporation. They must be recently certified by the official public records custodian in the applicant's state of domicile. The certification letter must be an original. If the applicant is not a corporation, include the articles of association, partnership agreement, trust agreement, or other similar documents, together with all amendments to such documents.

Section II-2 Certificate of Status from State of Domicile

Provide an original certificate of status from the applicants state of domicile. A certificate of status is a document issued by the applicant's state of domicile public records custodian for corporate records, generally the Secretary of State. The certificate documents that the applicant is duly organized and that all state taxes and fees have been paid. The certificate must show good standing, be sealed by the state, and be a recently prepared original document, not a photocopy.

Section II-3 Company Bylaws or Similar Documents

Provide a copy of the applicant's current bylaws, rules, regulations, or similar documents regulating the conduct of the applicant's internal affairs. Corporate bylaws must be sealed, signed, and dated by the secretary of the applicant company. No signatures other than the secretary's will be accepted. The secretary's statement must also be recently dated.

Section II-4 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 their 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 premium finance application as proof of your filing with the Secretary of State as a foreign corporation.

Important Note: The Secretary of State will issue a charter to a premium finance company before the Office of Insurance Regulation completes its processing of an application for a license. This charter authorizes the company to engage in any type of business except insurance. Your company may not engage in the business of premium financing in Florida until it has been issued a license by the Director of Insurance Regulation.

Section II-5 Fictitious Name Filing

Provide documentation of your compliance with Section 865.09, Florida Statutes, dealing with fictitious names if the applicant plans to utilize a fictitious name. Contact the Florida Secretary of State at the following telephone number for assistance in complying with these requirements (850) 245-6058.

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS
SECTION III - FINANCIAL**

Section III-1 Financial Requirements

All applicants are required to have a statutory net worth of \$35,000 attested to by two officers of the company or a surety bond in the amount of \$35,000 and a statutory net worth of \$10,000 attested to by two officers of the company.

As noted above, if the applicant elects to maintain a \$10,000 statutory net worth, a \$35,000 surety bond will be required to be submitted with the application. Accordingly, an Office approved blank copy of a surety bond form is enclosed. Have the Florida resident agent of the surety company complete the blanks on the form and return it with your application. **-OR-**

If the applicant elects a \$10,000 minimum statutory net worth, a deposit of \$35,000 can be arranged with the Bureau of Collateral Management. They may be contacted at (850) 413-3167.

All applicants are required to maintain and show proof of, at all times, an errors and omissions insurance policy of no less than \$500,000 covering the acts of its officers, employees and agents. The policy may contain reasonable deductibles not to exceed 2 percent of the policy limits. Please return proof of this coverage with your application.

Section III-2 Plan of Operations

Provide the following information so that the Office will have a clear understanding of the present and proposed operations of the applicant:

- (A) **Marketing and Growth.** Provide a statement setting forth a projection of the volume of business the applicant anticipates writing for the next three years. Include an initial marketing plan for the proposed premium finance company.
- (B) **Additional Sources of Capital.** Provide a statement as to what sources of capital would be available to the applicant during periods of negative cash flow and what arrangements may have been made for handling volume which may exceed the applicant's capacity. This pertains to any controls which the applicant may have in place to prevent acceptance of contracts in excess of the applicant's capacity to finance them, to obtain additional financing, or to notify the agent to use another premium finance company until further notice.

If your plan includes the use of personal resources of the owners of the applicant, a Personal Financial Statement form must be provided for each owner. (Official form enclosed).

If your plan includes use of the resources of affiliated or parent organization(s), audited financial statements of these organizations must be provided for the past three years. If no audit was performed, the financial statements must be prepared in accordance with generally accepted accounting principals and be attested to by the president and secretary of the organization (or persons holding similar positions, if not a corporation).

If the applicant intends to utilize a line of credit with a bank or other financial institution as a source of additional capitalization, a letter from the financial entity must be presented which verifies the existence or approval of the line of credit. Only a financial institution licensed as a premium finance company or exempt from the license requirement in accordance with Section 627.826, Florida Statutes, is eligible to accept premium finance contracts as collateral for loans.

- (C) **Assignments.** Provide a statement as to what arrangement may have been made for assigning contracts to another premium finance company, including complete details concerning the procedure to be followed in making assignments, to whom they will be made, on what terms, how and when the contracts are to be funded and by whom, and verify that the assignment will be with recourse against the assigning company.
- (D) **Types of Insurance Financed.** Provide a list of the types of insurance the applicant will finance (life insurance cannot be financed).
- (E) **Other Business Conducted.** If business other than financing premiums will be conducted on the licensed premises, provide a statement as to what other business will be conducted and by whom.
- (F) **Branches, Subsidiaries, and Affiliates.** If the applicant has one or more branches, subsidiaries, or affiliates, provide a listing of the complete names and addresses of such places of business, together with a statement as to precisely where the applicant will make available all relevant books, records, accounts and documents.

Section III-3 Managerial Experience

Provide a statement giving the length of time that the applicant has managed a business, including dates of operation, location, licenses required (if any), and the name and nature of the business. If the applicant has no prior premium finance experience, provide an explanation of the steps taken or experience possessed by the principals in other areas that will insure that the applicant has sufficient managerial experience to avoid becoming a hazard to the insurance-buying public.

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS
SECTION IV - MANAGEMENT**

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 Shareholder

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 section 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. 1 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 Report

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.

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.

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS
SECTION V - FORMS AND RATES**

Section V-1 Forms

Provide 3 copies of each form to be used in connection with the financing of insurance premiums. Use of the first three forms named below are required of all premium finance companies. Use of other forms is optional; however, if other forms are to be used, they must be submitted for approval.

- A. Premium Finance Agreement
- B. Ten Day Notice of Intent to Cancel Form
- C. Standard Cancellation Notice Form - all copies must be printed on pink paper
- D. Other Forms

Section V-2 Service Charge and Interest Rate Plan

Provide three copies of the Service Charge and Interest Rate Plan proposed to be charged, including all modifications of service charges and interest rates to be paid by the insured or others under a Premium Finance Agreement.

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**CHECK LIST
SECTION I - APPLICATION FORMS AND RELATED FEES**

Applicant Name: _____

<u>Item #</u>	<u>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) 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"/>
3. Applicant completed application for license (Official Form)	<input type="checkbox"/>
(a) All information provided	<input type="checkbox"/>
(b) Sealed by applicant or letter stating no corporate seal exists	<input type="checkbox"/>
(c) Signed by president and secretary	<input type="checkbox"/>

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**CHECK LIST
SECTION II - LEGAL DOCUMENTS**

Applicant Name: _____

<u>Item #</u>	<u>Check List</u>
1. Organizational Documents - Original	<input type="checkbox"/>
(a) Articles of Incorporation	<input type="checkbox"/>
(1) Original certification by state of domicile	<input type="checkbox"/>
(2) Articles with all amendments attached	<input type="checkbox"/>
(b) Articles of Association	<input type="checkbox"/>
(c) Partnership Agreement	<input type="checkbox"/>
(d) Trust Agreement	<input type="checkbox"/>
(e) Other	<input type="checkbox"/>
2. Certificate of Status from state of domicile (Original)	<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"/>
3. Company Bylaws (or similar documents (Original)).....	<input type="checkbox"/>
(a) Signed and dated by secretary (Original)	<input type="checkbox"/>
(b) Corporate Seal (as applicable)	<input type="checkbox"/>
4. Certificate of Status from Florida Secretary of State (Foreign Corporations Only) Original provided	<input type="checkbox"/>
5. Fictitious Name Certificate (if applicable) - Original.....	<input type="checkbox"/>

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**CHECK LIST
SECTION III - FINANCIAL**

Applicant Name: _____

- | <u>Item #</u> | | <u>Check List</u> |
|---------------|---|--------------------------|
| 1. | Current Financial Statements | <input type="checkbox"/> |
| | (a) Not over twelve months old | <input type="checkbox"/> |
| | (b) Net worth of at least \$35,000 or \$10,000 (See 1.d. below) | <input type="checkbox"/> |
| | (c) Verified under oath by two corporate officers | <input type="checkbox"/> |
| | (d) \$35,000 Surety Bond if the \$10,000 minimum net worth election
is made -or- | <input type="checkbox"/> |
| | (e) \$35,000 deposit with Bureau of Collateral Management if \$10,000
minimum net
worth election is made..... | <input type="checkbox"/> |
| | (f) Proof of Errors and Omissions Insurance Coverage..... | <input type="checkbox"/> |
| 2. | Current Financial Statements of Parent and affiliates (if applicable)..... | <input type="checkbox"/> |
| | (a) Not over twelve months old | <input type="checkbox"/> |
| | (b) Must have a positive net worth | <input type="checkbox"/> |
| | (c) Verified under oath by two corporate officers | <input type="checkbox"/> |
| 3. | Plan of Operations | |
| | <u>NOTE IF THE INFORMATION BELOW IS NOT PROVIDED AS INDICATED,
THE APPLICATION MAY BE RETURNED</u> | |
| | (a) 3 year projection of volume of business and initial marketing plan..... | <input type="checkbox"/> |
| | (b) Sources of additional capital | <input type="checkbox"/> |
| | If personal resources, personal financial statements are also
required (Official Form) | <input type="checkbox"/> |
| | If resources of parent organization, financial statements of
controlling entity for the past three (3) years | <input type="checkbox"/> |
| | If line of credit, verification | <input type="checkbox"/> |

- (c) Statement regarding assignments
- (d) A list of the types of insurance to be financed
- (e) A statement indicating other business to be conducted on
licensed premises
- (f) A list of the names and addresses of branches, subsidiaries,
or affiliates
- Location of books and records indicated
- 4. Statement of managerial experience
- (a) Include dates, location, nature and names of operations
- (b) If no premium finance experience, explanation of competency
of management in this field

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**CHECK LIST
SECTION IV - MANAGEMENT**

Applicant Name: _____

- | <u>Item #</u> | <u>Check List</u> |
|----------------|---|
| 1. | Listing of 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 Statement and Affidavit 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 an 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 for each individual listed in Section IV-1

For each card:

(a) Card obtained from Office of Insurance Regulation

(b) Card contains original signature

(c) No erasures on or alteration of card

(d) All blanks completed

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

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

Applicant Name: _____

<u>Item #</u>	<u>Check List</u>
1. Forms	
a. Premium Finance Agreement form - 3 copies	<input type="checkbox"/>
b. Ten Day Notice of Intent to Cancel - 3 copies	<input type="checkbox"/>
c. Standard Cancellation Notice - 3 copies	<input type="checkbox"/>
All copies printed on pink paper	<input type="checkbox"/>
d. Other - 3 copies of each form - (If not listed, please list):	
Draft	<input type="checkbox"/>
Coupon	<input type="checkbox"/>
Additional Premium Request	<input type="checkbox"/>
_____	<input type="checkbox"/>
2. Service Charge and Rate Plan - 3 copies	<input type="checkbox"/>

RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION PACKAGE.

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
PREMIUM FINANCE COMPANY**

_____, 20____

TO THE INSURANCE COMMISSIONER,
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 the business of premium financing in the State of Florida, under the laws thereof, during the year ending September 30, 20____, 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

Attest _____
Secretary

(Corporate Seal)

Name of Attorney or Principal filing this application:

_____ Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

INVOICE

**PREMIUM FINANCE COMPANY
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)

PHONE NUMBER: _____

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

PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida 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. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

<u>RECEIPT NUMBER</u>	AMOUNT	TYPE	CLASS	FUND	ACCT	SOURCE
	L.F \$250	12	10	3	00	2
	L.F.\$100	12	11	3	00	1



Office of Insurance Regulation
Specialty Product Administration

Bond No: _____

PREMIUM FINANCE COMPANY SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT _____
_____ AS PRINCIPAL, (Hereinafter referred to as "the Principal")
and _____ AS SURETY, (Hereinafter
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of
Insurance Regulation of Florida, and his successors in office, the sum of **THIRTY-FIVE
THOUSAND DOLLARS (\$35,000)** in lawful money of the United States, to the payment whereof
we hereby bind ourselves, jointly and severally, and our successors, assigns, and representatives.

This bond will be effective on the ____ day of _____, A.D. 20 ____, at 12:01 a.m.

THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS, by virtue of
Chapter 627, Part XV, Florida Statutes, the above bounden, the Principal herein named, is required to
show proof of net worth of THIRTY-FIVE THOUSAND DOLLARS (\$35,000) or file other
acceptable collateral with said Commissioner, or in lieu thereof, to give and file with the said
Commissioner a surety bond in the amount of THIRTY-FIVE THOUSAND DOLLARS (\$35,000) of
a surety company authorized to do business in the State of Florida, said bond and company to be
approved by said Commissioner to be held by the said Commissioner to assure the faithful
performance of its obligations to all parties to insurance premium financing contracts or other such
documents as imposed by said Chapter 627, Part XV, Florida Statutes, by said Principal herein
named, in the State of Florida.

AND WHEREAS, the above bounden, the Principal herein named, has elected to give such surety
bond with the Surety above named;

NOW THEREFORE, if the said Principal named herein shall faithfully perform its obligations to
all parties to insurance premium financing contracts or other such documents as imposed by said
Chapter 627, Part XV, Florida Statutes, or otherwise imposed upon it by the laws of the State of
Florida, then and in that event this bond shall be null and void.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED UNTIL
AFTER 30 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED SUCH
CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY FOR
CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF THE
BOND.

THE SURETY does hereby grant a period of twelve (12) months from the effective date of said
cancellation or release in which to discover any obligation it may have under this bond.

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this _____ day of _____, 20__ __.

Signed and sealed in the presence of:

WITNESS

By: _____
PRESIDENT

WITNESS

SECRETARY

NOTE: Attach to this bond a properly certified copy of the Agent's Power of Attorney

Executed at _____, Florida
This _____ day of _____, 20__ __.
By: _____
Florida Resident Agent of Surety Company



OFFICE OF INSURANCE REGULATION
Company Admissions

PERSONAL FINANCIAL STATEMENT

NAME(S) _____ ADDRESS _____

This statement is made of my (our) financial condition as of _____, 20__ in support of the application of _____ for license to operate as a premium finance company. The undersigned warrants and represents that this is a complete and true statement of the financial condition of the undersigned as of this date.
 PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "NONE" WHERE NECESSARY

ASSETS	IN EVEN DOLLARS	LIABILITIES	IN EVEN DOLLARS
Cash in Banks (See Schedule A)	\$	Notes Payable to Banks - Secured (See Schedule H)	\$
Listed Securities (See Schedule B)	\$	Notes Payable to Banks - Unsecured (See Schedule H)	\$
Unlisted Securities (See Schedule C)	\$	Amounts Payable to Others - Secured/Unsecured (See Schedule H)	\$
Securities Held By Borker in Margin Accounts	\$	Due to Brokers (See Schedule H)	\$
Partial Interest in Real Estate Equities (See Schedule D)	\$	Accounts and Bills Due	\$
Real Estate Owned (See Schedule E)	\$	Real Estate Mortgages Payable (See Schedules D & E)	\$
Accounts, Loans, Notes, Mortgages (See Schedule F)	\$	Unpaid Income Tax	\$
Vehicles	\$	Other Unpaid Taxes and Interest	\$
Cash Value - Life Insurance (See Schedule G)	\$	Loans on Life Insurance Policies (See Schedule G)	\$
Other Assets - Itemize:		Other Debts - Itemize:	\$
		Total Liabilities	\$
		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

Are all bad and doubtful assets excluded from this statement ____ If no, explain: _____
 Income taxes settled through what date? _____ Additional assessments: \$ _____

ANNUAL SOURCES OF INCOME		PERSONAL AND GENERAL INFORMATION
Salary - Individual	\$	Have you ever been bankrupt or involved in any other insolvency proceedings? (If yes, give details)
Salary - Spouse	\$	
Bonus & Commissions	\$	Are you a stockholder, partner, or officer in any other venture? (If yes, give details)
Dividends	\$	
Other Income - Itemize:	\$	Are you obligated to pay alimony, child support, or maintenance payments? (If yes, how much?)
	\$	Are any assets pledged? (If yes, give details)
Total	\$	
Do you have any contingent liabilities? (If yes, give details)		Are you defendand in any suits or legal actions? (If yes, give details)

(COMPLETE SCHEDULES AND SIGN ON THE LAST PAGE)

SUPPLEMENTARY SCHEDULES

SCHEDULE A - BANKING DEPOSIT RELATIONS (A list of all my bank accounts including Savings and Loan.)							
Name and Location of Bank or Branch				Account Number		Balance	
SCHEDULE B - LISTED SECURITIES (U.S. GOVERNMENTS AND MARKETABLE)							
No. of Shares or Face Value (Bonds)	Description		In Name of	Market Value		To Whom Pledged	
SCHEDULE C - UNLISTED SECURITIES							
No. of Shares Owned	% Owned	Description		Cost	Market Value		To Whom Pledged
SCHEDULE D - PARTIAL INTERESTS IN REAL ESTATE EQUITIES							
% Owned	Year of Purchase	Type	Location of Property	Cost	Mortgage	Market Value	Value of Equity at Lower of Cost or Market
SCHEDULE E - REAL ESTATE OWNED							
Description of Property	In Name of	Date Acquired	Cost	Market Value	Mortgage	Monthly Payment	To Whom

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)

SCHEDULE F - ACCOUNTS, LOANS NOTES AND MORTGAGES RECEIVABLE					
Name and Address of Debtor	Amount	Age of Debt	Nature of Debt	Description of Security Held	Payment Expected

SCHEDULE G - LIFE INSURANCE CARRIED, INCLUDING W. S. L. I. AND GROUP INSURANCE				
Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans or Pledged To

SCHEDULE H - NOTES PAYABLE TO BANKS/UNSECURED OR SECURED NOTES AND/OR ACCOUNTS PAYABLE TO OTHERS					
Amount	Payable To	Security Pledged (If Any)	Title of Account	Terms of Payment	Date of Origination

The undersigned make(s) this statement with intent that it shall be relied upon by the Office of Insurance Regulation in consideration of the application of _____ for license to operate a premium finance company whether direct or indirect. The undersigned warrant(s) and represents that this statement is a complete and true statement of the financial condition of the undersigned as of this date.

Signed this _____ day of _____, 20____ at _____, Florida.

(Signature)

(Signature)

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)



Office of Insurance Regulation
Company Admissions

INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package.
2. Please refer to the NAIC website at http://www.naic.org/documents/industry_ucaa_third_party.pdf "Third Party Vendors for Background Reports", for specific information regarding background investigation vendors.
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will transmit investigative reports electronically to the Florida Office of Insurance Regulation ("Office") to this e-mail address: bkgrnd-inv@flor.com in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to or contemporaneously with the submission of each application filing, with the exception of acquisition filings.
6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Any questions regarding this process may be directed to the Office at appcoord@flor.com



Office of Insurance Regulation
Company Admissions

FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

LiveScan (available to Florida Residents):

Applicants must pay online for processing of electronic fingerprints and make appointment for electronic fingerprinting. To begin the process, access MorphoTrustUSA

- Select English or Spanish to continue
- Enter First Name and Last Name
- Select "Continue"
- Enter Zip Code to determine closest fingerprint location or Choose "Region" and select "Go"
- Schedule Appointment
- Enter Applicant Information and select "Send Information"
- Verify and Select "Go"
- Select "Method of Payment" and "Send Payment Information"
- Select "Continue to US Bank E-Pay"
- Retain copy of payment confirmation

Paper Card* (available to Florida Residents and Non-Residents):

Applicants must pay online for processing fingerprint cards. To begin the process, access MorphoTrustUSA

- Select English or Spanish to continue
- Enter First Name and Last Name and select "Go"
- Select "Non-Resident Card Submission" (Non-Residents and Florida Residents not utilizing LiveScan)
- Select "No Cards"
- Enter Applicant Information and select "Send Information". If Applicant does not have a Social Security Number, enter "123-12-1234" in the required SSN field
- Verify and Select "Go"
- Select "Method of Payment" and "Send Payment Information"
- Select "Continue to US Bank E-Pay"
- Retain copy of payment confirmation
- Mail completed cards with a cover letter to: Florida Office of Insurance Regulation
Company Admissions
200 East Gaines Street
Tallahassee, Florida 32399-0332

Applicants may contact MorphoTrust USA's toll free registration center at 1-800-528-1358 regarding payment and/or appointment issues.

*Applicants must use fingerprint cards provided by the Office. Applicants must provide **two** completed cards per person. Blank fingerprint cards may be requested by emailing appcoord@flor.com or calling 850-413-2575.

Payment confirmations will be a required component in the electronic application submitted via iApply.

Questions may be emailed to appcoord@flor.com.

CONFIDENTIAL

Pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07, Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: _____

Applicant's Social Security Number: _____

The requirement for the applicant's social security is mandatory.

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. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

CONFIDENTIAL



INSTRUCTIONS FOR STATUTORY COMPLIANCE OF FORMS

PREMIUM FINANCE AGREEMENT

1. Pursuant to Section 627.839, Florida Statutes, the printed portion of the agreement must be at least 8-point type. In addition, the words "Premium Finance Agreement" at the top of the page must be at least 10 point bold type.
2. The "Notice" required by Section 637.839, Florida Statutes, should be printed exactly as set forth in the statute and entirely in 8 point bold type as required by statute. Please note, the print requirement pertains to the entire notice and not just the title word "Notice".
3. Florida Statutes, Section 627.842, prohibit provisions in which a power of attorney is given to confer any authority other than to request cancellation for nonpayment of premium. Many contracts contain a provision similar to the following:

" (company name) is authorized to endorse the assured's name on any check or draft for all monies that may become due from the insuring company and to apply the same as payment of this agreement, and return any excess to his/her agent, providing such excess is an amount greater than One Dollar (\$1.00)."

We suggest that language similar to the following be substituted:

"The insured agrees that the premium finance company may endorse his/her name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, returning any excess to the insured, provided such excess is an amount greater than or equal to One Dollar (\$1.00)."

4. Many contracts contain a provision similar to the following:

"The insured hereby releases, discharges and agrees to hold harmless the premium finance company and each holder hereof, their officers, agents and employees, from any liability or cause of action by reason of any cancellation, when such cancellation is in conformity with the laws of the State of Florida."

The Office feels that this language is contrary to Section 627.842(3), Florida Statutes, and we suggest that language similar to the following be substituted therefor:

"When cancellation by the premium finance company is in accordance with the laws of the State of Florida, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company."

5. Often contracts contain a provision similar to the following:

"The company may advance to the assured's agent or the insuring company any additional premiums that may become due, less normal down payment adding the advance amount, plus any finance charge to his/her present contract balance."

Language similar to the following is suggested as a substitute:

"Upon request of the insured, the premium finance company may advance to the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to his/her present contract."

The request must be in writing, either by letter from the insured or through the use of an Additional Premium Request form. If you choose to utilize the Additional Premium Request form, it must be submitted to the Office for review and approval as indicated below.

Standard Cancellation Notice

1. Due to a change in the numbering of the various sections of Chapter 627, there is an error in the Standard Cancellation Notice referring to Chapter 627, Part XIV, Florida Statutes. That reference should actually be to Chapter 627, Part XV, Florida Statutes.
2. Section 627.848(3), Florida Statutes, requires that the language regarding financial responsibility must be in twelve (12) point type.
3. All parts of any multi-part form must be printed on pink paper.

Ten (10) Day Notice of Intent to Cancel

1. We further recommend that the Ten(10) Day Notice of Intent to Cancel contain the same language as is required on the Standard Cancellation Notice with regard to financial responsibility. This language may be found in Section 627.848(3), Florida Statutes. Please note that while this is not required, it is recommended and there is no necessity that it be in the type size required for the Cancellation Notice.
2. All print should be a minimum of 8 points in size.

Other Forms

Section 627.847, F. S. requires that no premium finance agreement or related form is to be used in this state unless it has been filed with and approved by the Office. The only forms required by statute to be used by every premium finance company are a premium finance agreement, 10-day notice of intent to cancel, and cancellation notice. However, if a premium finance company uses other forms such as drafts, coupons, additional premium request forms, standard collection letters, or the like, these forms must be filed, together with the required form filing fee (Section 627.849, F.S.), and approved by the Office, prior to use.



OFFICE OF INSURANCE REGULATION

Company Admissions

**MANAGEMENT INFORMATION FORM
COMPLETE LIST OF OFFICERS,
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**COMPANY
NAME:** _____

OFFICERS:

TITLES:

OWNERSHIP PERCENTAGE:

DIRECTORS:

SHAREHOLDERS:

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: _____ Middle: _____ Last: _____

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____

Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

7. Present or proposed position with the Applicant Company: _____

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

If any of the stock is pledged or hypothecated in any way, give details. _____

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. Affiant's Full Name (Initials Not Acceptable): First:_____ Middle:_____ Last:_____ IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: _____

4. Government Identification Number if not a U.S. Citizen: _____

5. Foreign Student ID# (if applicable) : _____

6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____
State/Province: _____ Country: _____

7. Name of Affiant's Spouse (if applicable) : _____

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this ____ day of _____, 20____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ [name of CRA, address] (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: _____ County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20 by _____, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires