



Florida Office of Insurance Regulation

APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation ("Office").

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <https://www.floir.com/iportal> and select "Insurance Regulation Filing System (IRFS)" to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office by selecting iApply – Online Company Admissions at the following link:

<https://www.floir.com/iportal>

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at pcappcoord@floir.com.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 **Application Fees**

Applicants must pay a license fee of \$250 USD and an investigation fee of \$100 USD at the time of application for licensure, pursuant to Sections 627.828(5) and 627.849, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

Secure your check to the Invoice on page 14 of this application and mail to:

Department of Financial Services
Bureau of Financial Services
Post Office Box 6100
Tallahassee, Florida 32314-6100

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

Section I-2 **Fingerprint Fees**

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

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SECTION II - LEGAL

Section II-1 Articles of Incorporation

Submit a copy of Applicant's Articles of Incorporation, or equivalent document, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-3 Certificate of Status from Florida

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-4 Company Bylaws

Submit a copy of Applicant's Bylaws, or equivalent document. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

Section II-5 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

Section II-6 Fictitious Name Filing

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

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SECTION III – FINANCIAL

Section III-1 Financial Requirements

All Applicants are required to provide evidence of one of the following:

- a. A statutory net worth of at least \$35,000 USD attested to by two officers of the company; **or**
- b. A surety bond in the amount of \$35,000 USD (Form OIR-A3-453, Premium Finance Company Surety Bond) as well as a statutory net worth of \$10,000 USD attested to by two officers of the company.
 - i. In lieu of a surety bond on the approved form, Applicant may elect to make a securities deposit in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make a securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services
Bureau of Collateral Management
200 East Gaines Street
Tallahassee, FL 32399-0345

- c. Premium Finance Companies are required to, at all times, maintain an errors and omissions insurance policy of not less than \$500,000 USD covering the acts of its officers, employees, and agents. This policy may contain reasonable deductibles not to exceed 2% of the policy limits. Applicant must provide proof of this coverage.
 - i. Applicants with an unencumbered net worth of at least \$15 million USD may self-insure errors and omissions coverage provided they meet the additional requirements of Section 627.828(3)(b)(2), Florida Statutes.

Section III-2 Plan of Operations

It is important for the Office to have a clear understanding of Applicant's proposed operations and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- a. **Marketing and Growth:** A statement setting forth a projection of the volume of business Applicant anticipates writing for the next three years. Include an initial marketing plan for the proposed premium finance company.

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- b. Additional Sources of Capital:** A statement as to what sources of capital would be available to Applicant during periods of negative cash flow and what arrangements may have been made for handling volume which may exceed Applicant's capacity. Include any controls which 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 the plan includes the use of personal resources of Applicant's owners, a Personal Financial Statement form must be provided for each owner (Form OIR-C1-454 Personal Financial Statement).

If the plan includes use of the resources of affiliated or parent organization, 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 principles and be attested to by the president and secretary of the organization (or persons holding similar positions, if not a corporation).

If 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.
- 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 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 Applicant will make available all relevant books, records, accounts and documents.

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- g. Organizational Charts:** A complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.

Section III-3 Forms and Rates

Applicant must provide its service charge and interest rate plan as part of this application.

Applicant must submit the following forms, as well as any additional forms Applicant intends to use, for approval by the Office prior to use, via the Office's IRFS system (link and information provided on cover page):

- a. Premium Finance Agreement
- b. 10 Day Notice of Intent to Cancel
- c. Standard Cancellation Notice

Applicant may wish to review Form OIR-C1-955, Instructions for Statutory Compliance of Forms: Premium Finance Companies, for guidance.

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SECTION IV – MANAGEMENT

Section IV-1 **Management Information Forms**

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

Section IV-2 **Biographical Affidavits as to Officers, Directors, and Shareholders**

Provide a National Association of Insurance Commissioners ("NAIC") Biographical Affidavit (NAIC Form 11) (Form OIR-C1-1423) for each individual listed in Section V-1. Applicant may omit individuals for those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit with an associated background report on file with the Office, and the Biographical Affidavit was signed and notarized within 2 years of the date of the Application being filed, a Biographical Affidavit and associated background report need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained.

Each Biographical Affidavit must be signed and notarized.

The affiant's social security number must be submitted to the Office. 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 to insure that the owners, management, officers, and directors of any entity regulated by the Office 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.

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. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

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Section IV-3 Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

CHECKLIST

SECTION I - APPLICATION FORM & FEES

Applicant Name: _____

Federal Identification Number ("FEIN"): _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

- 1. Application fee paid
- a. Copy of invoice included (page 14 of this form)
- b. Copy of check
- 2. All fingerprint fees paid electronically
- a. Copies of online payment confirmation

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CHECKLIST

SECTION II – LEGAL

- 1. Articles of Incorporation (or equivalent)
 - a. Certified by public official
- 2. Certificate of Status from domiciliary jurisdiction
- 3. Certificate of Status from Florida
- 4. Company Bylaws (or equivalent)
 - a. Certified by Secretary
- 5. Service of Process Consent and Agreement Form OIR-C1-144
- 6. Authorization Letter (if applicable)
- 7. Fictitious Name Filing (if applicable)

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

CHECKLIST

SECTION III – FINANCIAL

1. Financial Requirements (a or b)

a. Attestation of net worth of at least \$35,000 USD; or

b. Attestation of net worth or at least \$35,000 USD and Premium Finance Company Surety Bond (Form OIR-A3-453) for \$35,000 USD.

i. Proof of deposit in lieu of surety bond (as applicable)

2. Plan of Operations

a. Marketing and Growth

b. Additional Sources of Capital

c. Assignments

d. Types of Insurance Financed

e. Other Business Conducted

f. Branches, Subsidiaries, and Affiliates

g. Organizational Charts

3. Forms and Rates

a. Service charge and interest rate plan

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CHECKLIST

SECTION IV – MANAGEMENT

- 1. Management Information Form (OIR-C1-2221) submitted for all required entities
- 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - a. All information completed (no blanks)
 - b. “Yes” answers explained
 - c. Signed
 - d. Notarized
- 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
 - a. Proof of order and confirmation of payment submitted to the Office
- 4. Fingerprint cards for all required individuals
 - a. All information completed (no blanks)
 - b. Signed

APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

APPLICATION CERTIFICATION

The below certification must be executed by two officers of Applicant, one of whom must be the President or Chief Financial Officer, and the other the Secretary*.

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ (“Applicant”) to seek licensure as a Premium Finance Company; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned 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, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

*Other officers will be accepted only if Applicant does not have these positions.

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INVOICE

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

(city)

(state)

(zip code)

1. Make payable to the Department of Financial Services and mail check and invoice only to:

Department of Financial Services
 Bureau of Financial Services
 Post Office Box 6100
 Tallahassee, Florida 32314-6100

2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

FOR DEPARTMENT USE ONLY

RECEIPT#	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE	
L.F.	\$250.00	10	10L				
I.F.	\$100.00	10	11F				
LICENSE#	Dated			Mailed			MAILED BY
	MO	DAY	YR	MO	DAY	YR	



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 defendant in any suits or legal actions? (If yes, give details)

(COMPLETE SCHEDULES AND SIGN ON THE LAST PAGE)

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)



Florida Office of Insurance Regulation

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. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: http://www.naic.org/industry_ucaa.htm
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 submit investigative reports electronically to the Office to this e-mail address:

bkgrnd-inv@flor.com

Submissions should be 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. Questions regarding this process may be directed to pcappcoord@flor.com (Property and Casualty applicants) or to lhappcoord@flor.com (Life and Health applicants).



Florida Office of Insurance Regulation

FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

DIGITAL PRINTS - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

FINGERPRINT CARD – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing FPRequest@floi.com. Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

NOTE: Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation
Market Research & Technology Unit
Fingerprint Card Processing
Room B-50 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-0326

Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.

OIR-C1-938
Rev: 9/21
69O-144.002



CONFIDENTIAL

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. 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 ensure 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 the 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

FDLE NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS FOR A CRIMINAL HISTORY RECORD CHECK

NOTICE OF:

- RETENTION OF FINGERPRINTS,
- PRIVACY POLICY, AND
- RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of the search are returned to the authorized agency ORI indicated in the transaction. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the agency from which you are seeking approval to be employed, licensed, or have access to their facility. The fingerprints submitted are retained by FDLE and the Federal Bureau of Investigation (FBI), and FDLE will notify the agency of any subsequent arrests.

Your Social Security Account Number (SSAN) is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. § 552a), FDLE is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. FDLE does not require a SSAN but it could cause a delay in processing your criminal history record check.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor within a reasonable time.

The FBI's Privacy Statement follows on a separate page and contains additional information.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal rules providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based record checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application- investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch that has published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



Florida Office of Insurance Regulation

INSTRUCTIONS FOR STATUTORY COMPLIANCE OF FORMS: PREMIUM FINANCE COMPANIES

Premium Finance Agreements

1. Pursuant to Sections 627.839(1) and (2)(a), Florida Statutes, the printed portion of the agreement must be in at least 8-point font and the words "PREMIUM FINANCE AGREEMENT" must appear in all caps at the top of the page in at least 10-point bold type.
2. The "Notice" required by Section 637.839(2)(b), Florida Statutes, should be printed exactly as set forth in the statute and entirely in 8-point bold type as required.
3. Section 627.842, Florida Statutes, prohibits provisions in which a power of attorney is given to confer any authority to perform any act 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 \$1.00 USD.

The Office suggests that language similar to the following be substituted instead:

The insured agrees that the premium finance company may endorse their 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 \$1.00 USD.

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 Florida law.

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:

When cancellation by the premium finance company is in accordance with Florida law, 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 any 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 their 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 in the Other Forms section.

Standard Cancellation Notice

1. Must be as laid out in Rule 690-196.001, Florida Administrative Code.
2. The standard cancellation notice, including all parts of any multi-part form, must be printed on paper that is a shade of pink.
3. Section 627.848(1)(b), Florida Statutes, requires that the language regarding financial responsibility be in 12-point font.

10 Day Notice of Intent to Cancel

1. The Office recommends that the 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 is referenced in Section 627.848(3), Florida Statutes, and found in Rule 69O-196.001, Florida Administrative Code. It is also recommended that it be in the same font-size as required for the Standard Cancellation Notice.
2. All print should be a minimum of 8-point font.

Other Forms

Section 627.838, Florida Statutes, 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 a 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 filing fee as set out in Section 627.849, Florida Statutes, and approved by the Office prior to use.



Florida Office of Insurance Regulation

Management Information Form

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Incorporators, Officers, Directors, 10% or Greater Shareholders, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Key Individuals, and other like positions (5% if an HMO). Please type or print clearly.

Name of Entity: _____

Name	Title (e.g.: President)	Position (e.g.: Officer)	Ownership %
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*Additional pages in like format may be attached as necessary

Applicant Company Name: <Enter the Applicant Company Name for a Single Company>
NAIC No.: _____ FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: <See UCAA FAQs for details> **UCAA Type:** <See UCAA FAQs for details> **Other:** <See UCAA FAQs for details>

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).

Applicant Company Name: <Enter the Applicant Company Name for a Single Company>

Address: <Enter Applicant Company Address> City: <Enter Applicant Company City>

State/Province: <Enter Applicant Company State/Province> Postal Code: <Enter App. Co. Zip/Postal Code> Phone: <Enter App. Co. Phone>

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. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

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</u> (MM/YY)	<u>Degree</u> <u>Obtained</u>
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<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended</u> (MM/YY)	<u>Degree</u> <u>Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: <Enter the Applicant Company Name for a Single Company> _____
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. Additional information may be required during the third-party verification process for international employers.

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: <Enter the Applicant Company Name for a Single Company> _____
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

Applicant Company Name: <Enter the Applicant Company Name for a Single Company>
NAIC No.: _____ FEIN: _____

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?

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.

Applicant Company Name: <Enter the Applicant Company Name for a Single Company> _____
NAIC No.: _____ FEIN: _____

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, 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 (including entities controlled by the holding company) 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? If employed at the holding company level provide the group code. _____

Applicant Company Name: <Enter the Applicant Company Name for a Single Company>
NAIC No.: _____ FEIN: _____

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

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.

____ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, 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: <Enter the Applicant Company Name for a Single Company>
NAIC No.: _____ FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: <See UCAA FAQs for details> **UCAA Type:** <See UCAA FAQs for details> **Other:** <See UCAA FAQs for details>

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).

Applicant Company Name: <Enter the Applicant Company Name for a Single Company>
Address: <Enter Applicant Company Address> City: <Enter Applicant Company City>
State/Province: <Enter Applicant Company State/Province> Postal Code: <Enter App. Co. Phone: <Enter App. Co.

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

IF ANSWER IS “NO” OR “NONE,” SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

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. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant’s Social Security Number: _____

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

Government ID Number: _____ Country of Issuance: _____

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

Applicant Company Name: <Enter the Applicant Company Name for a Single Company> _____
NAIC No.: _____ FEIN: _____

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

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

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.

____ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, 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: <Enter the Applicant Company Name for a Single Company>
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) six (6) 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 by means of physical presence or online notarization, 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: <Enter the Applicant Company Name for a Single Company>
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) six (6) 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 by means of physical presence or online notarization, 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: <Enter the Applicant Company Name for a Single Company>
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 six (6) 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 by means of physical presence or online notarization, 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: <Enter the Applicant Company Name for a Single Company> _____
NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: <Enter the Applicant Company Name for a Single Company> _____
NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: <Enter the Applicant Company Name for a Single Company>
NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.