



**Florida Office of Insurance Regulation**

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**APPLICATION FOR ELIGIBILITY AS A  
SURPLUS LINES INSURER**

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 following the link:

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

Any questions concerning this application packet may be directed to [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

**APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER**

**INSTRUCTIONS**

**SECTION I - APPLICATION & FEES**

**Section I-1     **Written Request for Eligible Surplus Lines Status****

A written request must be submitted requesting the eligibility of the insurer. The request must detail the lines of insurance the insurer intends to offer (refer to Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance) and a projection of how much premium will be written on an annual basis. If the insurer is made eligible to write surplus lines coverages, it will be only for those lines requested.

Additionally, the request must state the number of surplus lines agents to be used, and the agent who will be responsible for the payment of premium tax.

The request should indicate the name of the appropriate individual with the insurer and the surplus lines agent, whom the Office should contact with any questions.

**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.

**Section I-3     **Checklist and Certification****

Applicant should have pages 7-10 filled out and returned with the application.

**SECTION II - LEGAL**

**Section II-1 Service of Process Consent and Agreement**

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

**Section II-2 Certificate of Compliance**

A certificate of compliance from its state of domicile dated within the last year showing the lines of business the insurer is authorized to write.

**Section II-3 United States Trust Fund (Alien Insurers only)**

An Alien Applicant must submit evidence of a United States trust fund in an amount not less than \$5.4 million USD. This document should be from the trustee of the fund, showing both the amount and nature of the fund, Alien insurers seeking approval for ocean marine and/or aviation risks ONLY are not required to have a United States trust fund (Section 626.918 (2)(g), Florida Statutes).

# APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

## SECTION III - FINANCIAL

**NOTE: THE INSURER MUST HAVE BEEN AN INSURER FOR NOT LESS THAN THREE YEARS NEXT PRECEDING OR QUALIFY FOR EXEMPTION UNDER SECTION 626.918(2)(b), FLORIDA STATUTES. THE INSURER MUST HAVE A SURPLUS AS TO POLICYHOLDERS NOT LESS THAN \$15 MILLION.**

### **Section III-1 Annual Statement**

Applicant must file the most recent year end annual statement in the National Association of Insurance Commissioners ("NAIC") format. It must contain signatures of the signing corporate officers. All schedules must be complete. (Pay special attention to the general interrogatories, notes to financial statements and the organization charts as these schedules are often filed as separate attachments when the annual statement is prepared).

### **Section III-2 Quarterly Statements**

Applicant must file all quarterly financial statements in NAIC format covering the current year-to- date. These statements do not have to be certified by the state of domicile. However, they must be signed by the company's officers, and they must be embossed with the insurer's corporate seal. Supplemental loss developmental schedules (also in NAIC format) must be included for each quarter.

### **Section III-3 Statutory Mandated Examination Reports**

Applicant must file its most recent report of examination performed by its state of domicile. In lieu of such examination, Applicant may submit an audited certified public accountant's report prepared on a basis consistent with the insurance laws of the state of domicile, certified by the state of domicile. The report must be statutory, stand-alone. Consolidated reports are not acceptable.

### **Section III-4 Statutory Financial Statements Audited by Certified Public Accountants**

Applicant must provide a copy of the latest Audited Certified Public Accountant's report on the insurer prepared on a basis consistent with the insurance laws of the insurer's state of domicile. If such report does not exist, a statement that no such audit has ever been performed signed by at least two executive officers and embossed with the insurer's corporate seal must be provided.

### **Section III-5 Previous Florida Business History**

In this section the Applicant should detail any history that it has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state. his statement should include any parent companies or subsidiaries.

### **Section III-6 History of Company**

A brief history of the company since its incorporation. Include date of incorporation, date commenced business and any changes of ownership or changes in operations, Indicate the number of states licensed, actions taken by governmental agencies that have jurisdiction over the insurer.

**OIR-C1-916**

**Rev.: 07/23**

**Rule 690-136.100**

# APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

## SECTION IV - MANAGEMENT

### **Section IV-1 Management Information Form**

Provide a listing of all company officers, directors, and shareholders with their respective titles and ownership percentages using Form OIR-C1-2221, Management Information Form. If Applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related entities, including the ownership percentages.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, Form OIR-C1-1423, for each officer, director and shareholder listed in Section IV-1. 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 ensure 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.

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

[https://www.naic.org/documents/industry\\_ucaa\\_third\\_party.pdf](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 ELIGIBILITY AS A SURPLUS LINES INSURER**

**CHECKLIST**

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.**

**SECTION I - APPLICATION & FEES**

- 1. Written request
  - a. All classes of insurance to be transacted listed by code number
  - b. Number of Surplus Lines agents to be used
  - c. Agent responsible for paying premium tax
  - d. Contact persons and phone numbers
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Checklist & Certification

**SECTION II - LEGAL**

- 1. Service of Process Consent and Agreement Form OIR-C1-144
- 2. Certificate of Compliance from domiciliary state
  - a. Must show lines of business Applicant is authorized to write
  - b. Dated within the last year
- 3. Evidence of United States trust fund; OR  
Explanation as to why this does not apply

**APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER**

Company Name: \_\_\_\_\_

**SECTION III - FINANCIAL**

- 1. Annual Statement**
  - a. Most current year**
    - i. Signed by two executive officers**
    - ii. Sealed by corporation**
    - iii. Supplemental schedules included**
- 2. Quarterly Statements**
  - a. All quarterly statements year to date**
  - b. Statements in NAIC format**
    - i. Signed by two executive officers**
    - ii. Sealed by corporation**
- 3. Statutory examination by state of domicile**
- 4. Statutory Financial Statements audited by Certified Public Accountants; OR**  
Statement by the company that no such audit has ever been performed
  - a. Signed by executive officer**
  - b. Sealed by the company**
- 5. Previous Florida business history**
- 6. History of the company**



**APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER**

Company Name: \_\_\_\_\_

**SECTION IV - MANAGEMENT**

- 1. Management Information (Form OIR-C1-2221) submitted
- 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
  - b. All information completed (no blanks)
  - a. "Yes" answers explained
  - b. Signed
  - c. Notarized
- 3. Background investigative reports for all required individuals (Form OIR-C1-905). 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 (Form OIR-C1-938)
  - a. All information completed (no blanks)
  - b. Signed

**APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER**

**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 eligibility as a Surplus Lines insurer in Florida; 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 the applicant does not have these positions.