

**STATE OF FLORIDA
OFFICE OF INSURANCE REGULATION
VERIFICATION FORM FOR RELEASE OF**

ESCROW FUNDS PURSUANT TO CHAPTER 651, FLORIDA STATUTES (FS)

(Date)

Complete the following:

1. Facility Company Number: _____

2. Name and address of "Facility": _____

3. A. Name and Address of "Provider": _____

- B. The Provider's Federal
 ID Number is: _____

4. Name, address, title and telephone number of person or persons designated by the applicant as a contact person regarding this form:

5. Name and address of the escrow agent who has custody of the escrow funds for which release is sought:

6. Name, title, address and telephone number of the person representing the escrow agent as the contact person regarding the release of funds:

7. A. Account number for the funds held in escrow to be released pursuant to this form:

B. Balance of funds in this account: \$ _____

8. This is the (check one) _____ 1st, _____ 2nd, _____ 3rd, _____ 4th, _____ other (specify) request for release of escrow funds for this facility.

9. When all construction has been completed at this facility

(a) the total number of CCRC units which will have been constructed: _____.

(b) the total number of rental units which will have been constructed: _____.

10. Enter: (a) the total number of CCRC units constructed at this facility to date for which a certificate of occupancy has been issued: _____.

(b) the total number of rental units constructed at this facility to date for which a certificate of occupancy has been issued: _____.

11. A. Enter the total number of CCRC units at this facility for which payment in full has been received: _____.

B. Enter the total amount of entrance fees collected as full payment for a CCRC unit at this facility to date: \$ _____.

12. Attach a copy of all "Certificates of Occupancy" issued for all structures at this facility to date. The copies submitted must be attested to by the chief executive officer and the administrator of the facility as to the truth, correctness and authenticity of each "Certificate of Occupancy" submitted. The Certificate of Occupancy submitted must clearly identify the facility and the structure for which the Certificate of Occupancy is issued and cross-referenced to the proposed construction program presented in the feasibility study. TEMPORARY CERTIFICATES OF OCCUPANCY ARE NOT ACCEPTABLE.

13. Attach proof that commitments have been secured or a documented plan adopted by the provider has been approved by The Office Of Insurance Regulation (the Office) for long-term financing.
14. Attach proof that the provider has sufficient funds to meet the requirements of s. 651.035, FS, which may include funds deposited in the initial entrance fee account.
15. Attach a copy of the notification sent by the provider to the escrow agent by certified mail advising of this release.
16. Attach a signed opinion from the independent feasibility consultant who prepared the feasibility study used to obtain the certificate of authority, or a substitute approved by the Office, that there has been no material adverse change(s) in status with regard to the feasibility of the project since the original study was completed. This statement shall be dated no more than 12 months from the date of filing this verification form. Should a material adverse change(s) exist, or if a material adverse change(s) has occurred since the date of the study, submit a proposed plan, approved by the independent consultant, which clearly defines each adverse condition and demonstrates and explains how the adverse condition has been remedied.
17. Attach a duly sworn affidavit from the provider that all of the following conditions for release of escrow funds have been met:
 - A. A certificate of occupancy has been issued.
 - B. Payment in full has been received for no less than 70 percent of the total CCRC units of a phase or of the total of the combined phases constructed.
 - C. The independent consultant who prepared the feasibility study or a substitute approved by the Office certifies that there has been no material adverse change in status with regard to the feasibility study, with such statement dated not more than 12 months from the date of filing for the Office's approval. If a material adverse change should exist at the time of submission, then sufficient information acceptable to the Office and the independent feasibility consultant shall be submitted which remedies the adverse condition.
 - D. Proof that commitments have been secured or a documented plan adopted by the applicant has been approved by the Office for long-term financing.
 - E. Proof that the provider has sufficient funds to meet the requirements of s. 651.035, FS, which may include funds deposited in the initial entrance fee account.

18. Execute this form as follows: (must be executed by all partners of a partnership, trustees of a trust, president and secretary of a corporation and the facility administrator).

State of _____)
County of _____) SS:

I, the undersigned, hereby certify that I have carefully reviewed each question, response and attachment contained herein or submitted herewith, and each response and exhibit is true and correct.

Name

(Corporate Seal)

Title

Sworn and subscribed to before me,
a Notary Public, this ____ day
of _____, 20____.

Notary (Notarial Seal)

My commission expires _____.