

**STATE OF FLORIDA
OFFICE OF INSURANCE REGULATION**

APPLICATION FOR EXPANSION OF A CERTIFICATED FACILITY
(Pursuant to Chapter 651, Florida Statutes.)

1. A. The facility file number is: _____
B. The Provider's Federal ID Number is: _____
2. The facility is located in _____
(City & County)
and is known as _____
3. The facility obtained its certificate of authority on: _____, 20____
4. State the number of CCRC units and rental units at this facility which are:
- | | <u>CCRC</u> | <u>RENTAL</u> |
|-----------------------|-------------|---------------|
| a) vacant | _____ | _____ |
| b) occupied | _____ | _____ |
| c) under construction | _____ | _____ |
| d) total units | _____ | _____ |
5. A. State the number of CCRC units proposed to be built pursuant to this expansion application:
_____.
- B. This expansion represents a _____% increase in existing CCRC units at this facility.

Furnish the Following Information:

6. Submit either a feasibility study which meets the requirements of s.s. 651.022(3), Florida Statutes (FS), or, a "Statement of no material adverse change" which meets the requirements of s.s. 651.023(1)(b), FS.
7. Has any of the following information required by s.s. 651.022(2), FS, changed since obtaining a certificate of authority? If "yes", explain and document, and state whether or not in management's opinion the change is material:
- (a) The organizational structure of the provider; _____ yes; _____ no
- (b) The names, residence and business addresses of:
- i. The proprietor, if the applicant or provider is an individual. _____ yes; _____ no
- ii. Any partner or member, if the applicant or provider is a partnership or other unincorporated association, however organized; having fewer than 50 partners or members, together with the business name and address of the partnership or other organization. _____ yes; _____ no
- iii. The principal partners or members, if the applicant or

provider is a partnership or other unincorporated association, however, organized, having 50 or more partners or members, together with the business name and business address of the partnership or other organization. If such unincorporated organization has officers and a board of directors, the full name and business address of each officer and director may be set forth in lieu of the full name and business address of its principal members.

___ yes; ___ no

iv. The corporation and each officer and director thereof, if the applicant or provider is a corporation.

___ yes; ___ no

v. Any trustee and officer, if the applicant or provider is a trust.

___ yes; ___ no

vi. The manager, whether an individual, corporation, partnership, or association, (including the Administrator).

___ yes; ___ no

vii. Any stockholder holding at least a 10-percent interest in the operations of the facility in which the care is to be offered.

___ yes; ___ no

viii. Any person whose name is required to be provided in the application under the provisions of this paragraph and who owns any interest in or receives any remuneration from, either directly or indirectly, any professional service firm, association, trust, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of \$500 or more, and the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held. (If "yes", describe such goods, leases, or services and the probable cost to the facility or provider and describe why such goods leases, or services should not be purchased from an independent entity.)

___ yes; ___ no

ix. Any person, corporation, partnership, association, or trust owning land or property leased to the facility.

___ yes; ___ no

x. Any affiliated parent or subsidiary corporation or partnership.

___ yes; ___ no

8. Submit a Biographical Statement on the Office of Insurance Regulation's (the Office) form for any new person named in 7.(b) above, who has not submitted a Biographical Statement since the issuance of the certificate of authority. For each Biographical Statement submitted with this application, include a background investigative report and fingerprint card, together with the required fingerprint processing fee of \$64.00 for each set of fingerprints submitted. This information is required pursuant to s.s. 651.022(2)(c) and 651.023(1)(a), FS, to evidence that the applicant is reputable and of responsible character.
9. Submit a copy of the Continuing Care agreement to be entered into between the provider and the resident that meet the minimum requirements of ss. 651.055, 651.023(1)(c) and 651.022(2)(d), FS.
10. Submit a copy of any advertisement or other written material proposed to be used in the solicitation of residents which had not already been submitted and approved by the Office.
11. You may submit this application upon proof that a minimum of 30 percent of the units to be constructed have been reserved. However, under no circumstances will the expansion be approved until all requirements of this Chapter have been met and proof that 50 percent of the units to be constructed have been reserved. (Proof shall consist of an executed reservation agreement which conforms with s.s. 651.023(1)(c), FS, and a copy of the written receipt issued by the provider to the resident which meets the requirements of s.s. 651.033(3)(a), FS.)
12. Submit proof that commitments have been secured for both construction financing and long-term financing or a documented plan acceptable to the Office has been adopted by the applicant for long-term financing and attach an amortization schedule.
13. Submit a "Sources and Uses of Funds Statement" which discloses all sources and all uses of funds to be used to develop the expansion. The statement should reflect that the aggregate amount of entrance fees received by or pledged to the applicant, plus anticipated proceeds from any long-term financing commitment, plus funds from all other sources in the actual possession of the applicant, equal no less than 100 percent of the aggregate cost of constructing or purchasing, equipping, and furnishing the expansion plus 100 percent of the anticipated start-up losses of the facility.
14. Submit complete audited financial statements of the applicant, prepared by an independent certified public accountant in accordance with generally accepted accounting principles, as of the date the applicant commenced business operations or for the fiscal year that ended immediately preceding the date of application, whichever is later. Also submit complete unaudited quarterly financial statements, attested to by the applicant subsequent to the date of the last audit.
15. Submit copies of the executed escrow agreements which comply with s.s. 651.023(3) or (5) and s. 651.035, and s. 651.033, FS. Also provide the account numbers established pursuant to the agreements and the balances, if any, in each account.
16. State whether or not there have been any material changes in the proposed health care delivery system since obtaining the certificate of authority. If "yes" explain and document.
17. Submit the following, as applicable, if these documents have not previously been submitted:
 - a. A copy of any material contract entered into or to be entered into by the applicant, for example; a management agreement, lease, development agreement, construction contract, etc.
 - b. If bonds are to be issued in connection with the expansion, submit the official statement used in connection with the proposed bond issue and a sample form of the bond.

DIRECTIONS FOR ATTESTING TO THIS APPLICATION

- A. If you are an individual, the application must be sworn by you.
- B. If the organization is a partnership or unincorporated association having less than 50 partners or members, the application must be sworn by all partners or members.
- C. If the organization is a partnership or unincorporated association having more than 50 partners or members, the application must be sworn by the principal partners or members or by all officers and directors.
- D. If the organization is a corporation, the application must be sworn by the President and Secretary.
- E. If the organization is a trust, the application must be sworn by all trustees and officers.

THE FOLLOWING ATTESTATION FORM SHALL BE USED:

I, the undersigned, state that I am familiar with Chapter 651, Florida Statutes, relating to Continuing Care Contracts, and that all the responses, information, exhibits and documentary evidence submitted are true and correct.

(Corporate Seal)

(Typed Name and Title)

(Signature)

State of _____

County of _____

Sworn to and subscribed before me this

_____ day of _____, 20_____.

(Notary Seal)

NOTARY PUBLIC

My commission expires: _____