

**FINANCIAL SERVICES COMMISSION**  
**Office of Insurance Regulation**  
**Materials Available on the Web at:**  
<http://www.floir.com/Sections/GovAffairs/FSC.aspx>

**June 12, 2024**

**MEMBERS**  
**Governor Ron DeSantis**  
**Attorney General Ashley Moody**  
**Chief Financial Officer Jimmy Patronis**  
**Commissioner Wilton Simpson**

**Contact: Kevin Jacobs**  
**(850-413-5011)**

9:00 A.M.  
R.A. Gray Building  
500 S. Bronough St.  
Tallahassee, Florida

<b>ITEM</b>	<b>SUBJECT</b>	<b>RECOMMENDATION</b>
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1. Request for Approval for Publication of Rules 69O-136.006; Domestic Insurers Filing for an Application for Permit and Subsequent Certificate of Authority; 69O-136.040; Health Maintenance Organizations; 69O-136.041; Multiple-Employer Welfare Arrangements; 69O-136.042; Continuing Care Contracts; 69O-136.043; Prepaid Health Clinic; 69O-136.044; Insurance Administrators; 69O-136.045; Donor Annuity Organizations; 69O-136.046; Prepaid Limited Health Service Organizations; 69O-136.047; Discount Plan Organizations; 69O-136.050; Premium Finance Companies; 69O-136.051; Service Warranty Associations; 69O-136.052; Home Warranty Associations; 69O-136.053; Motor Vehicle Service Agreement Companies; 69O-136.054; Legal Expense Insurance Corporations; 69O-136.070; Merger or Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer; 69O-136.100; 69O-137.002; Annual Audited Financial Reports; 69O-137.009; Filing Procedures for Commercial and Personal Residential Property Supplemental Quarterly Report; 69O-137.011; Reinsurance Summary Statement; 69O-137.015; Notice of Nonrenewal of Residential Property Insurance Policies; Rule 69O-170.0135; Actuarial Memorandum; 69O-199.005; Financial Requirements Regarding the Funded, Unearned Premium Reserve Account; Forms Incorporated by Reference

The primary purpose of these rule revisions is to implement 2024 legislation.

Rule 69O-136.006 is amended and Rules 69O-136.070 and 69O-136.075 are created to implement Chapter 2024-182, L.O.F., regarding changes to Chapter 629 regulating reciprocal insurers. These changes streamline the application and permitting process for new reciprocals and govern the processes of acquiring, merging, and converting, licensed domestic reciprocals.

Rules 69O-136.040 through 69O-136.054 are specialty insurers' applications rules that were transferred to Chapter 69O-136 on April 30, 2024. The affected rules are amended to incorporate all forms in the chapter into Rule 69O-136.100 and make minor updates.

Rule 69O-137.002 is amended to add the continuing education requirement created by revisions to Section 624.424(8)(d), F.S., to the list of qualifications for a CPA preparing an annual report.

Rule 69O-137.009 and Form OIR-D0-1185 are being amended to reflect the changes made to section 624.424(10), F.S. Those changes require that data collected from personal and commercial residential property insurance companies will be reported by zip code, not county, and those reports will be submitted on a monthly, rather than quarterly, basis. The changes to Form OIR-D0-1185 will allow insurers to submit the required data beginning with the January 2025 data.

Rule 69O-137.011 is amended to update Form OIR-D0-1433 to conform with current law and industry practice, and to update the laws implemented.

Creates Rule 69O-137.015 and Form OIR-A1-1680 to provide a standard format for data being provided by insurers who are planning to nonrenew 10,000 or more residential property insurance policies within a 12-month period. This report is required by section 624.4305, F.S.

Amends Rule 69O-170.0135, F.A.C., to enact changes made by Chapter 2024-182, L.O.F., to Section 627.062(2)(j)2., F.S., by requiring additional information to be included in the actuarial memorandum of a company that is averaging hurricane models.

Chapter 2024-140, L.O.F., amended section 634.3077, F.S., and created an exception for home warranty associations. If they adhere to strict requirements, they do not have to meet certain financial responsibility requirements, including establish an unearned premium reserve. Rule 69O-199.005 is amended to adopt Form OIR-A3-1000 "Home Warranty Association Exception," which will collect the relevant information from home warranty associations so the Office can appropriately apply the exception.

**(ATTACHMENT 1) APPROVAL FOR PUBLICATION OF PROPOSED RULE AND FOR FINAL ADOPTION IF NO MEMBER OF THE PUBLIC TIMELY REQUESTS A RULE HEARING OR IF A HEARING IS REQUESTED AND NO NOTICE OF CHANGE IS NEEDED.**

2. Request for Approval for Publication of Rule 69O-189.003; Workers' Compensation: Application and Audit Procedures; 69O-191.094; Change of Name; 69O-207.007; Late Filed Reports - Fine Schedule

Revision of Rule 69O-189.003 will implement the changes made to section 440.381, F.S., by chapter 2022-138, L.O.F., requiring annual physical onsite audits when the workers compensation policy premium for employers with construction classes exceeds \$10,000. This proposal also updates instructions for incorporated documents and direct web addresses, so the public can easily find copyrighted materials.

Rule 69O-191.094 is amended to update the process by which HMOs may change their legal names and register fictitious names. This rule prevents HMOs from using names to transact insurance before the Office is notified.

Rule 69O-207.001 is amended to update the schedule under which the office assesses fines for the late filing of annual reports. The purpose of these changes is to update the citations to amended statutes, and to assess fines that accord with the statutory maximum for each section.

**(ATTACHMENT 2) APPROVAL FOR PUBLICATION OF PROPOSED RULE AND FOR FINAL ADOPTION IF NO MEMBER OF THE PUBLIC TIMELY REQUESTS A RULE HEARING OR IF A HEARING IS REQUESTED AND NO NOTICE OF CHANGE IS NEEDED.**

**CHAPTER 690-136  
APPLICATION PROCEDURES FOR COMPANIES SEEKING TO DO BUSINESS IN FLORIDA**

690-136.006	Domestic Insurers Filing for an Application for Permit and Subsequent Certificate of Authority
690-136.040	Health Maintenance Organizations
690-136.041	Multiple-Employer Welfare Arrangements
690-136.042	Continuing Care Contracts
690-136.043	Prepaid Health Clinic
690-136.044	Insurance Administrators
690-136.045	Donor Annuity Organizations
690-136.046	Prepaid Limited Health Service Organizations
690-136.047	Discount Plan Organizations
690-136.050	Premium Finance Companies
690-136.051	Service Warranty Associations
690-136.052	Home Warranty Associations
690-136.053	Motor Vehicle Service Agreement Companies
690-136.054	Legal Expense Insurance Corporations
690-136.070	Merger or Acquisition of the Attorney-in-Fact of a Domestic Insurer
690-136.075	Merger or Conversion of a Reciprocal Insurer
690-136.100	Forms Incorporated by Reference.

690-136.006 Domestic Insurers Filing for an Application for Permit and Subsequent Certificate of Authority.

(1) All domestic insurers filing an Application for Permit, pursuant to Chapter 628, F.S., for the following: domestic property and casualty insurers, title insurers, ~~and~~ life and health insurers, and domestic assessable mutual insurers, pursuant to Section 628.051, F.S. except for domestic reciprocal insurers which are addressed in (2); domestic assessable mutual insurers, pursuant to section 628.051, F.S, and Domestic Captive Insurers, pursuant to Chapter 628, Part III, F.S. ;

(a) Shall ~~shall~~ comply with the directions on, or otherwise submit, the following applicable forms if applicable:

1. ~~(a)~~ Form OIR-C1-0521, incorporated by reference in Rule 690-136.100, F.A.C.;
2. ~~(b)~~ Form OIR-C1-0520, incorporated by reference in Rule 690-136.100, F.A.C.;
3. ~~(c)~~ Form OIR-C1-905, incorporated by reference in Rule 690-136.100, F.A.C.;
4. ~~(d)~~ Form OIR-C1-938, incorporated by reference in Rule 690-136.100, F.A.C.;
5. ~~(e)~~ Form OIR-C1-1416, incorporated by reference in Rule 690-136.100, F.A.C.;
6. ~~(f)~~ Form OIR-C1-1422, incorporated by reference in Rule 690-136.100, F.A.C.;
7. ~~(g)~~ Form OIR-C1-1423, incorporated by reference in Rule 690-136.100, F.A.C.;
8. ~~(h)~~ Form OIR-C1-0500, incorporated by reference in Rule 690-136.100, F.A.C.;
9. ~~(i)~~ Form OIR-C1-0501, incorporated by reference in Rule 690-136.100, F.A.C.;
10. ~~(j)~~ Form OIR-C1-0502, incorporated by reference in Rule 690-136.100, F.A.C.;
11. ~~(k)~~ Form OIR-C1-0503, incorporated by reference in Rule 690-136.100, F.A.C.;
12. ~~(l)~~ Form OIR-C1-0504, incorporated by reference in Rule 690-136.100, F.A.C.;
13. ~~(m)~~ Form OIR-C1-0505, incorporated by reference in Rule 690-136.100, F.A.C.;
14. ~~(n)~~ Form OIR-C1-0506, incorporated by reference in Rule 690-136.100, F.A.C.;
15. ~~(o)~~ Form OIR-C1-0507, incorporated by reference in Rule 690-136.100, F.A.C.;
16. ~~(p)~~ Form OIR-C1-0509, incorporated by reference in Rule 690-136.100, F.A.C.;
17. ~~(q)~~ Form OIR-C1-1522, incorporated by reference in Rule 690-136.100, F.A.C.;
18. ~~(r)~~ Form OIR-C1-2221, incorporated by reference in Rule 690-136.100, F.A.C.;
19. ~~(s)~~ Form OIR-D0-896, incorporated by reference in Rule 690-136.100, F.A.C.;
20. ~~(t)~~ Form OIR-D0-904, incorporated by reference in Rule 690-136.100, F.A.C.;
21. ~~(u)~~ Form OIR-D0-2119, incorporated by reference in Rule 690-136.100, F.A.C.; and
22. ~~(v)~~ Form OIR-D0-2165, incorporated by reference in Rule 690-136.100, F.A.C.

(b) Once applicant has received a permit from the Office pursuant to section (1)(a) above, it shall submit Form OIR-C1-1524, incorporated by reference in Rule 690-136.100, F.A.C., as well as any other documents required in

the permit. Once it has submitted all documents, satisfied the permit conditions, and is otherwise in compliance with Florida law, applicant will be granted a certificate of authority.

(2) All domestic reciprocal insurers filing an Application for Permit ~~and a subsequent certificate of authority,~~ pursuant to sections 628.051, F.S, and Chapters 624 and 629, F.S.,

(a) ~~Shall shall shall~~ follow the directions on, or otherwise submit, the following forms if applicable:

1. ~~(k)~~ Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;
2. ~~(a)~~ Form OIR-C1-908, incorporated by reference in Rule 69O-136.100, F.A.C.;
3. ~~(j)~~ Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;
4. ~~(e)~~ Form OIR-C1-1416, incorporated by reference in Rule 69O-136.100, F.A.C.;
5. ~~(g)~~ Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;
6. ~~(h)~~ Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;
7. ~~(i)~~ Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;
8. ~~(j)~~ Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;
9. ~~(k)~~ Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;
10. ~~(l)~~ Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;
11. ~~(m)~~ Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;
12. ~~(n)~~ Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;
13. ~~(o)~~ Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;
14. ~~(p)~~ Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;
15. ~~(q)~~ Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.;
16. ~~(r)~~ Form OIR-D0-896, incorporated by reference in Rule 69O-136.100, F.A.C.;
17. ~~(s)~~ Form OIR-D0-2119, incorporated by reference in Rule 69O-136.100, F.A.C.; and
18. ~~(t)~~ Form OIR-D0-2165, incorporated by reference in Rule 69O-136.100, F.A.C.

(b) ~~(3)~~ Once applicant has received a permit from the Office pursuant to section (2)(a) 1 or 2 above, it shall follow the directions on, or otherwise submit, the following forms:

1. Form OIR-C1-151, incorporated by reference in Rule 69O-136.100, F.A.C., and
2. Form OIR-C1-1524, incorporated by reference in Rule 69O-136.100, F.A.C., as well as any other documents required in the permit.

(c) Once applicant # has submitted all documents, satisfied the permit and application requirements conditions, and is otherwise in compliance with Florida law, applicant will be granted a certificate of authority.

(3) ~~(4)~~ All the forms listed in subsection (1) and (2) & (3) above may be obtained from the Office's website at <http://www.flair.com> and shall be submitted electronically via the Office's iApply system at <https://www.flair.com/iportal>. Forms relating to specific kinds of insurance in subsection (1) and & (2) are to be submitted only by companies issuing policies relating to the kind of insurance specified on the form.

*Rulemaking Authority 624.308(1), 624.413(1), 629.091(2), 629.225(11), 629.227(1), 629.291(2), 629.525 FS. Law Implemented 624.307(1), 624.34, 624.401, 624.404, 624.407, 624.413, 624.422, 624.501, 626.7451(11), 628.051, 629.081, 629.091, 629.225, 629.227, 629.291 FS. History—New 2-26-92, Amended 9-19-00, 11-18-02, Formerly 4-136.006, Amended Amended 1-7-24, \_\_\_\_\_*

69O-136.040 Health Maintenance Organizations.

(1) An application for a person applying for a certificate of authority as a health maintenance organization consists of the following, if applicable:

(a) Form OIR-C1-942, incorporated by reference in Rule 69O-136.100, F.A.C. "Application for Certificate of Authority Health Maintenance Organization," effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16320>;

- (b) Form OIR-B2-1093, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (c) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (d) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (e) Form OIR-C1-1423, "incorporated by reference in Rule 69O-136.100, F.A.C.;
- (f) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (g) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (h) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (i) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (j) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (k) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

- (l) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (m) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (n) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and
- (o) Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.

(2) All the forms listed in subsection (1) may be obtained from the Office's website at <http://www.flair.com> and shall be submitted electronically via the Office's iApply system at <https://www.flair.com/iportal>.

*Rulemaking Authority 627.6699, 641.36 FS. Law Implemented 627.6699, 641.21, 641.22, 641.227, 641.29(1) FS. History—New 2-22-88, Amended 10-25-89, Formerly 4-31.027, Amended 5-28-92, Formerly 4-191.027, Amended 9-28-22, 1-28-24, Formerly 69O-191.027. Amended, \_\_\_\_\_.*

#### 69O-136.041 Multiple-Employer Welfare Arrangements.

(1) An application for a person applying for a certificate of authority as a multiple-employer welfare arrangement consists of the following if applicable:

(a) Form OIR-C1-983, incorporated by reference in Rule 69O-136.100, F.A.C. “Application for Certificate of Authority Multiple Employer Welfare Arrangement,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16190>;

- (b) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (d) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (e) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (f) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (g) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (h) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (i) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (j) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (k) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (l) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (m) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and
- (n) Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A person applying for a certificate of authority as a multiple-employer welfare arrangement shall submit forms in subsection (1) as directed by the Office electronically at <https://www.flair.com/iportal>. The forms may be obtained from <https://www.flair.com/iportal>.

*Rulemaking Authority 624.439, 624.4431 FS. Law Implemented 624.438, 624.439 FS. History—New 7-28-94, Formerly 4-192.008, Amended 9-28-22, 1-4-24, Formerly 69O-192.008. Amended, \_\_\_\_\_.*

#### 69O-136.042 Continuing Care Contracts.

(1) Application for Certificate of Authority.

(a) An application for a person applying for a certificate of authority for a continuing care provider consists of the following if applicable:

1. Form OIR-C1-473, incorporated by reference in Rule 69O-136.100, F.A.C. “Application for Certificate of Authority for a Continuing Care Provider,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16309>;

2. Form OIR-C1-144, incorporated by reference in Rule 69O-136.100, F.A.C.;

3. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.; “Instructions for Furnishing Background Investigative Reports,” effective 6/20, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref 14451>;

- 4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;
- 5. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;
- 6. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;
- 7. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;
- 8. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;
- 9. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;
- 10. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;
- 11. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

12. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;
13. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;
14. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and
15. Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person applying for a certificate of authority as a continuing care provider shall submit forms in paragraph (1)(a) as directed by the Office electronically at <https://www.floir.com/iportal>. The forms may be obtained from <https://www.floir.com/iportal>.

(2) Application for Provisional Certificate of Authority.

(a) An application for a person applying for a provisional certificate of authority for a continuing care provider consists of the following if applicable:

1. Form OIR-C1-471, ~~incorporated by reference in Rule 69O-136.100, F.A.C. "Application for Provisional Certificate of Authority for a Continuing Care Provider," effective 7/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16310>;~~

2. Form OIR-C1-144, incorporated by reference in Rule 69O-136.100;

3. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;

4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100;

5. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100; ~~and~~

6. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;

7. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;

8. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;

9. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;

10. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;

11. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

12. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;

13. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;

14. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and

~~15. Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100.~~

(b) A person applying for a provisional certificate of authority as a continuing care provider shall submit forms in paragraph (2)(a) as directed by the Office electronically at <https://www.floir.com/iportal>. The forms may be obtained from <https://www.floir.com/iportal>.

(3) Consolidated Application for Provisional Certificate of Authority and Certificate of Authority.

(a) A consolidated application for a provisional certificate of authority and certificate of authority for a continuing care provider consists of the following if applicable:

1. Form OIR-C1-2220, ~~incorporated by reference in Rule 69O-136.100, F.A.C. "Consolidated Application for Provisional Certificate of Authority and Certificate of Authority for a Continuing Care Provider," effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16311>;~~

2. Form OIR-C1-144, incorporated by reference in Rule 69O-136.100;

3. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;

4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100;

5. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100; ~~and~~

6. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;

7. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;

8. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;

9. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;

10. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;

11. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

12. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;

13. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;

14. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and

~~15. Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100.~~

(b) A person filing a consolidated application for provisional certificate of authority and certificate of authority for a continuing care provider shall submit forms in paragraph (3)(a) as directed by the Office electronically at <https://www.floir.com/iportal>. The forms may be obtained from <https://www.floir.com/iportal>.

(4) Application for the Simultaneous Acquisition of a Continuing Care Facility and Issuance of a Certificate of Authority to a Provider.

(a) An application for the simultaneous acquisition of a continuing care facility and issuance of a certificate of authority consists of the following if applicable:

1. Form OIR-C1-2219, incorporated by reference in Rule 69O-136.100, F.A.C. “Application for the Simultaneous Acquisition of a Continuing Care Facility and Issuance of a Certificate of Authority to a Provider,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16312>;

2. Form OIR-C1-144, incorporated by reference in Rule 69O-136.100;

3. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;

4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100;

5. Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100; ~~and~~

6. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100;

7. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;

8. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;

9. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;

10. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;

11. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;

12. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

13. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;

14. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.; and

15. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person applying for simultaneous acquisition of a continuing care facility and issuance of a certificate of authority shall submit forms in paragraph (4)(a) as directed by the Office electronically at <https://www.floir.com/iportal>.

(c) Disclaimer of Control

1. A person may attempt to rebut a presumption of control pursuant to Section 651.0245, F.S., by electronically filing at <https://www.floir.com/iportal> one of the following forms, which may be obtained from <https://www.floir.com/iportal>, with the Office:

a. Form OIR-C1-1467, incorporated by reference in Rule 69O-136.100;

b. Form OIR-C1-1468, incorporated by reference in Rule 69O-136.100;

c. Form OIR-C1-2211, incorporated by reference in Rule 69O-136.100.

2. A person may attempt to rebut a presumption of control pursuant to section 651.0245, F.S., by filing a copy of a Schedule 13G filed with the Securities and Exchange Commission pursuant to Rule 13d-1(b) or (c), 17 C.F.R. s. 240.13d-1, under the Securities Exchange Act of 1934, as amended, to the Office electronically at <https://www.floir.com/iportal>.

3. Pursuant to Section 651.0245(6), F.S., the Office is authorized to disallow a disclaimer of control filed pursuant to subparagraphs (4)(c)1. and (4)(c)2.

(5) Application for Expansion.

(a) An application for a person applying for expansion of a certificated continuing care facility consists of the following if applicable:

1. Form OIR-C1-2218, incorporated by reference in Rule 69O-136.100, F.A.C. “Application for Expansion of a Certificated Continuing Care Facility,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16313>;

2. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;

3. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100;

4. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100;

5. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;

6. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;

7. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;

8. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;

9. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;

10. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

11. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;

12. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;

13. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and

5. Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100.



(b) A person applying for expansion of a certificated continuing care facility shall submit forms in paragraph (5)(a) as directed by the Office electronically at <https://www.flair.com/iportal>. The forms may be obtained from <https://www.flair.com/iportal>.

(6) Manager or Management Company.

(a) To comply with the filing requirements of Section 651.043(2), F.S., for each new management company or manager not employed by a management company within 10 business days of a change in management, the provider shall submit the following if applicable:

1. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100;
2. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100; ~~and~~
3. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100.;
4. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;
5. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;
6. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;
7. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;
8. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;
9. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;
10. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;
11. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;
12. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and
13. ~~4~~ A copy of the written management contract, if applicable.

(b) The documents in paragraph (6)(a) shall be submitted to the Office electronically at <https://www.flair.com/iportal>. The forms may be obtained from <https://flair.com/iportal>.

*Rulemaking Authority 651.015(3), 651.021(2), 651.022(2), 651.0245(3), (5), (6), 651.0246(1), 651.043 FS. Law Implemented 651.0215, 651.022, 651.023, 651.024, 651.0245, 651.0246 FS. History—New 7-16-92, Formerly 4-193.003, Amended 3-12-20, 7-21-22, 1-17-24, Formerly 69O-193.003. Amended, \_\_\_\_\_.*

69O-136.043 Prepaid Health Clinics.

(1) An application for a person applying for a certificate of authority as a prepaid health clinic consists of the following if applicable:

(a) Form OIR-C1-483, incorporated by reference in Rule 69O-136.100, F.A.C. “Application for Certificate of Authority Prepaid Health Clinic,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16247>;

- (b) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (d) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (e) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (f) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (g) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (h) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (i) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (j) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (k) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.; ~~and~~
- (l) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.; ~~and~~
- (m) Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A person applying for a certificate of authority as a prepaid health clinic shall submit forms in subsection (1) as directed by the Office electronically at <https://www.flair.com/iportal>. The forms may be obtained from <https://www.flair.com/iportal>.

*Rulemaking Authority 641.403, 641.405(2) FS. Law Implemented 641.405, 641.406, 641.407, 641.409, 641.412, 641.42, 641.427, 641.43, 641.441 FS. History—New 5-9-85, Formerly 4-69.03, 4-69.003, 4-194.003, Amended 9-28-22, 1-4-24, Formerly 69O-194.003. Amended, \_\_\_\_\_.*

69O-136.044 Insurance Administrators.

(1) A person applying for a Certificate of Authority to operate as an insurance administrator, including an applicant seeking to register as a pharmacy benefit manager, shall submit the following if applicable:

(a) Form OIR-C1-1075, incorporated by reference in Rule 69O-136.100, F.A.C. “Application for Certificate of Authority of an Insurance Administrator,” effective 7/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16047>;

(b) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;

(d) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;

(e) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;

(f) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;

(g) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;

(h) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;

(i) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;

(j) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

(k) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;

(l) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;

(m) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and

(n) Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A person applying for a certificate of authority as an insurance administrator, including an applicant seeking to register as a pharmacy benefit manager, shall submit forms listed in subsection (1) as directed by the Office electronically at <https://www.floir.com/iportal>.

*Rulemaking Authority 624.308(1), 624.490, 626.8805(2), 626.8991 FS. Law Implemented 624.490, 626.8805 FS. History – New 12-19-23, Formerly 69O-197.001. Amended, \_\_\_\_\_.*

69O-136.045 Donor Annuity Organizations.

(1) Any person engaging in the business of issuing donor annuity agreements must submit Form OIR-C1-1208, incorporated by reference in Rule 69O-136.100, F.A.C., to the Office electronically at <https://www.floir.com/iportal> on the date on which the person enters into the first of these annuity agreements. ~~Form OIR-C1-1208, “Notification to the Office of Insurance Regulation as a Qualifying Issuer of Donor Annuity Agreements Pursuant to section 627.481, F.S.” effective 6/20, is hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref 14417>.~~ The form may be obtained from <https://www.floir.com/iportal>.

(2) Any person subject to section 627.481, F.S., that fails to submit the required notification form is subject to penalty as provided in section 626.9521, F.S.

*Rulemaking Authority 624.308(1), 627.481(11) FS. Law Implemented 624.307(1), 627.481 FS. History–New 6-23-92, Amended 1-7-97, 12-24-03, Formerly 4-202.008, Amended 7-21-22, Formerly 69O-202.008. Amended, \_\_\_\_\_.*

69O-136.046 Prepaid Limited Health Service Organizations.

(1) A person applying for a certificate of authority as a prepaid limited service organization shall submit the following if applicable:

(a) Form OIR-C1-1119, incorporated by reference in Rule 69O-136.100, F.A.C. “Application for Certificate of Authority Prepaid Limited Health Service Organization,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16241>;

(b) Form OIR-C1-905, “incorporated by reference in Rule 69O-136.100, F.A.C.;

(c) Form OIR-C1-938 incorporated by reference in Rule 69O-136.100, F.A.C.;

(d) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;

(e) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;

(f) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;

(g) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;

(h) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;

(i) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;

(j) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

(k) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;

(l) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.; and

(m) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A person shall submit the forms listed in subsection (1) electronically via the Office's iApply system at <https://www.flair.com/iportal>. The forms may be obtained from <https://www.flair.com/iportal>.

*Rulemaking Authority 636.067 FS. Law Implemented 636.005, 636.007, 636.008, 636.009 FS. History—New 11-15-94, Formerly 4-203.020, Amended 9-29-22, 1-4-24, Formerly 690-203.020. Amended, \_\_\_\_\_.*

690-136.047 Discount Plan Organizations.

(1) A person applying for a certificate of authority as a discount plan organization shall submit the following if applicable:

(a) Form OIR-C1-1606, incorporated by reference in Rule 690-136.100, F.A.C. “Application for License Discount Plan Organization (DPO),” effective 5/22, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16242>;

(b) Form OIR-C1-144, incorporated by reference in Rule 690-136.100, F.A.C.;

(c) Form OIR-C1-905, incorporated by reference in Rule 690-136.100, F.A.C.;

(d) Form OIR-C1-938, incorporated by reference in Rule 690-136.100, F.A.C.;

(e) Form OIR-C1-1423, incorporated by reference in Rule 690-136.100, F.A.C.;

(f) Form OIR-C1-0500, incorporated by reference in Rule 690-136.100, F.A.C.;

(g) Form OIR-C1-0501, incorporated by reference in Rule 690-136.100, F.A.C.;

(h) Form OIR-C1-0502, incorporated by reference in Rule 690-136.100, F.A.C.;

(i) Form OIR-C1-0503, incorporated by reference in Rule 690-136.100, F.A.C.;

(j) Form OIR-C1-0504, incorporated by reference in Rule 690-136.100, F.A.C.;

(k) Form OIR-C1-0505, incorporated by reference in Rule 690-136.100, F.A.C.;

(l) Form OIR-C1-0506, incorporated by reference in Rule 690-136.100, F.A.C.;

(m) Form OIR-C1-0507, incorporated by reference in Rule 690-136.100, F.A.C.;

(n) Form OIR-C1-0509, incorporated by reference in Rule 690-136.100, F.A.C.; and

(o) Form OIR-C1-2221, incorporated by reference in Rule 690-136.100, F.A.C.

(2) A person shall submit the forms listed in subsection (1) electronically via the Office's iApply system at <https://www.flair.com/iportal>. The forms may be obtained from <https://www.flair.com/iportal>.

*Rulemaking Authority 624.424(1)(c), 636.232 FS. Law Implemented 624.424, 636.204, 636.220, 636.226, 636.228, 636.234, 636.236 FS. History—New 5-22-05, Amended 10-29-08, 7-30-17, 4-11-19, 9-29-22, 1-4-24, Formerly 690-203.210. Amended, \_\_\_\_\_.*

690-136.050 Premium Finance Companies.

(1) Application for License as a Premium Finance Company.

(a) A person applying for a license as a premium finance company shall submit the following if applicable:

1. Form OIR-C1-958, incorporated by reference in Rule 690-136.100, F.A.C. “Application for License Premium Finance Company,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16209>;

2. Form OIR-A3-453, incorporated by reference in Rule 690-136.100, F.A.C. “Premium Finance Company Surety Bond,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16205>;

3. Form OIR-C1-454, incorporated by reference in Rule 690-136.100, F.A.C. “Personal Financial Statement,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16207>;

4. Form OIR-C1-905, incorporated by reference in Rule 690-136.100, F.A.C.;

5. Form OIR-C1-938, incorporated by reference in Rule 690-136.100, F.A.C.;

6. Form OIR-C1-957, incorporated by reference in Rule 690-136.100, F.A.C. “Instructions for Statutory Compliance of Forms: Premium Finance Companies,” effective 3/21, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 13034>;

7. Form OIR-C1-1423, incorporated by reference in Rule 690-136.100, F.A.C.;

8. Form OIR-C1-0500, incorporated by reference in Rule 690-136.100, F.A.C.;

9. Form OIR-C1-0501, incorporated by reference in Rule 690-136.100, F.A.C.;

10. Form OIR-C1-0502, incorporated by reference in Rule 690-136.100, F.A.C.;

11. Form OIR-C1-0503, incorporated by reference in Rule 690-136.100, F.A.C.;

12. Form OIR-C1-0504, incorporated by reference in Rule 690-136.100, F.A.C.;

13. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;  
14. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;  
15. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;  
16. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.;  
17. Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C. ~~“Management Information Form,” effective 6/20, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 13037>; and~~

(b) The applicant shall submit the forms listed in paragraph (1)(a) electronically at <https://www.flair.com/iportal>.

(2) Annual License Renewal

(a)1. All premium finance company licenses shall expire on October 1.

2. Failure to submit the application for renewal before October 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a premium finance company shall submit Form OIR-A3-1563, incorporated by reference in Rule 69O-136.100, F.A.C. ~~“Application for Renewal of License Premium Finance Company,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16211>~~ filed electronically at <https://www.flair.com/iportal>.

*Rulemaking Authority 624.308(1), 627.828(2) FS. Law Implemented 624.321(1)(a), 624.424, 627.828, 627.829 FS. History—New 5-28-90, Formerly 4-18.015, Amended 7-27-95, 8-29-99, Formerly 4-196.015, Amended 7-30-17, 5-24-21, 1-4-24, Formerly 69O-196.015. Amended, \_\_\_\_\_.*

69O-136.051 Service Warranty Associations.

(1) Application for License as a Service Warranty Association

(a) An application for a person applying for a license as a service warranty association consists of the following if applicable:

1. Form OIR-C1-997, incorporated by reference in Rule 69O-136.100, F.A.C. ~~“Application for License Service Warranty Association,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16314>;~~

2. Form OIR-A3-455, incorporated by reference in Rule 69O-136.100, F.A.C. ~~“Home or Service Warranty Association Surety Bond,” effective 5/20, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 13040>;~~

3. Form OIR-C1-144, incorporated by reference in Rule 69O-136.100, F.A.C.;

4. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;

5. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~6. Form OIR-C1-995, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~6.~~ 7. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~7.~~ 8. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~8.~~ 9. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~9.~~ 10. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~10.~~ 11. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~11.~~ 12. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~12.~~ 13. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~13.~~ 14. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~14.~~ 15. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~15.~~ 16. Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and

~~16.~~ 17. Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person applying for a license as a service warranty association shall submit forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.flair.com/iportal>.

(2) License Continuance for Service Warranty Association

(a)1. A service warranty association’s license shall continue in force as long as the licensee is in compliance with the provisions of Chapter 634, Part III, F.S.

2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a service warranty association shall submit the following:

1. Form OIR-A3-110, ~~incorporated by reference in Rule 690-136.100, F.A.C. "License Continuance Form Service Warranty Association," effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16315>~~, filed electronically at <https://www.floir.com/iportal>; and

2. A fee of \$200.00 filed annually in conjunction with the March 1 filing of the annual statement.

(c) Any licensee who fails to renew a service warranty association license shall immediately cease and desist from engaging in the service warranty business in the state of Florida. The service warranty association shall honor those service warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

(3) Application for License as a Service Warranty Association Manufacturer or Affiliate.

(a) An application for a person applying for a license as a service warranty association manufacturer or affiliate consists of the following:

1. Form OIR-C1-989, ~~incorporated by reference in Rule 690-136.100, F.A.C. "Application for License Service Warranty Association Manufacturer or Affiliate," effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16316>~~;

2. Form OIR-C1-144, incorporated by reference in Rule 690-136.100, F.A.C.; and

3. Form OIR-C1-2221, incorporated by reference in Rule 690-136.100, F.A.C.

(b) A person applying for a license as a service warranty association shall submit forms listed in paragraph (3)(a) as directed by the Office electronically at <https://www.floir.com/iportal>.

(4) License Continuance for Service Warranty Association Manufacturer or Affiliate

(a)1. A service warranty association manufacturer or affiliate's license shall continue in force as long as licensee is in compliance with the provisions of Chapter 634, Part III, F.S.

2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a service warranty association manufacturer or affiliate shall submit the following:

1. Form OIR-A3-955, ~~incorporated by reference in Rule 690-136.100, F.A.C. "License Continuance Form Service Warranty Association Manufacturer or Affiliate," effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16317>~~, filed electronically at <https://www.floir.com/iportal>; and

2. A fee of \$500.00 filed annually in conjunction with the March 1 filing of the annual statement.

(c) Any licensee who fails to renew a service warranty association license shall immediately cease and desist from engaging in the service warranty business in the state of Florida. The service warranty association shall honor those service warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

*Rulemaking Authority 634.402 FS. Law Implemented 624.424, 634.407, 634.408, 634.404 FS. History—New 3-28-93, Formerly 4-198.011, Amended 5-25-21, 1-17-24, Formerly 690-198.011. Amended, \_\_\_\_\_.*

690-136.052 Home Warranty Associations.

(1) Application for License as a Home Warranty Association.

(a) An application for a person applying for a license as a home warranty association consists of the following if applicable:

1. Form OIR-C1-490, ~~incorporated by reference in Rule 690-136.100, F.A.C. "Application for License Home Warranty Association," effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16188>~~;

2. Form OIR-A3-455, ~~incorporated by reference in Rule 690-136.100, F.A.C. "Home or Service Warranty Association Surety Bond," effective 6/20, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 13052>~~;

3. Form OIR-C1-144, incorporated by reference in Rule 690-136.100, F.A.C.;

4. Form OIR-C1-905, incorporated by reference in Rule 690-136.100, F.A.C.;

5. Form OIR-C1-938, incorporated by reference in Rule 690-136.100, F.A.C.;

~~6. Form OIR-C1-995, incorporated by reference in Rule 690-136.100, F.A.C.;~~

6. ~~7.~~ Form OIR-C1-1423, incorporated by reference in Rule 690-136.100, F.A.C.;

7. ~~8.~~ Form OIR-C1-0500, incorporated by reference in Rule 690-136.100, F.A.C.;

8. ~~9.~~ Form OIR-C1-0501, incorporated by reference in Rule 690-136.100, F.A.C.;

- ~~9.~~ ~~10.~~ Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;
- ~~10.~~ ~~11.~~ Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;
- ~~11.~~ ~~12.~~ Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;
- ~~12.~~ ~~13.~~ Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;
- ~~13.~~ ~~14.~~ Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;
- ~~14.~~ ~~15.~~ Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;
- ~~15.~~ ~~16.~~ Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and
- ~~16.~~ ~~17.~~ Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person applying for a license as a home warranty association shall submit the forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.flor.com/iportal>.

(2) Annual License Renewal.

(a)1. All home warranty association licenses shall expire on June 1.

2. Failure to submit the application for continuance by June 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a home warranty association shall submit the following:

1. Form OIR-A3-1073, incorporated by reference in Rule 69O-136.100, F.A.C. “Application for Renewal of License Home Warranty Association,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16189>, filed electronically at <https://www.flor.com/iportal>, and

2. A fee of \$200.00 filed annually in conjunction with the June 1 filing of the Annual Statement.

(c) Any licensee who fails to renew a home warranty association license shall immediately cease and desist from engaging in the home warranty business in the state of Florida. The home warranty association shall honor those home warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

*Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.304, 634.305, 634.306, ~~634.307, 624.307,~~ 634.3073, 634.315 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.008, Amended 7-30-17, 5-25-21, 1-4-24, Formerly 69O-199.008. Amended.*

69O-136.053 Motor Vehicle Service Agreement Companies.

(1) Application for License as a Motor Vehicle Service Agreement Company.

(a) An application for a license as a motor vehicle service agreement company consists of the following if applicable:

1. Form OIR-C1-994, incorporated by reference in Rule 69O-136.100, F.A.C. “Application for License Motor Vehicle Service Agreement Company,” effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16226>;

2. Form OIR-C1-144, incorporated by reference in Rule 69O-136.100, F.A.C.;

3. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;

4. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~5. Form OIR-C1-995, incorporated by reference in Rule 69O-136.100, F.A.C.;~~

~~5.~~ ~~6.~~ Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~6.~~ ~~7.~~ Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~7.~~ ~~8.~~ Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~8.~~ ~~9.~~ Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~9.~~ ~~10.~~ Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~10.~~ ~~11.~~ Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~11.~~ ~~12.~~ Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~12.~~ ~~13.~~ Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~13.~~ ~~14.~~ Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;

~~14.~~ ~~15.~~ Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and

~~15.~~ ~~16.~~ Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.;

(b) A person applying for a license as a motor vehicle service agreement company shall submit the forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.flor.com/iportal>. The forms may be obtained from <https://www.flor.com/iportal>.

(2) License Continuance for Motor Vehicle Service Agreement Company.

(a)1. All motor vehicle service agreement company licenses shall continue in force as long as licensee is entitled thereto under Chapter 634, Part I, F.S.

2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a motor vehicle service agreement company shall submit Form OIR-A3-467 LR, incorporated by reference in Rule 69O-136.100, F.A.C. "Application for License Continuance Motor Vehicle Service Agreement Company," effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16225>, filed electronically at <https://www.floir.com/iportal>. The form may be obtained from <https://www.floir.com/iportal>.

*Rulemaking Authority 634.021, 634.061(1), (2)(c) FS. Law Implemented 634.041 FS. History—New 5-26-93, Formerly 4-200.004, Amended 8-13-12, 9-28-22, 1-16-24, Formerly 69O-200.004. Amended, \_\_\_\_\_.*

69O-136.054 Legal Expense Insurance Corporations.

(1) Application for Certificate of Authority as a Legal Expense Insurance Corporation.

(a) An application for a person applying for a certificate of authority as a legal expense insurance corporation consists of the following if applicable:

1. Form OIR-C1-480, incorporated by reference in Rule 69O-136.100, F.A.C. "Application for Certificate of Authority Legal Expense Insurance," effective 07/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16224>;

2. Form OIR-A3-478, incorporated by reference in Rule 69O-136.100, F.A.C. "Legal Expense Insurance Corporation Surety Bond," effective 07/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16220>;

3. Form OIR-C1-144, incorporated by reference in Rule 69O-136.100, F.A.C.;

4. Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;

5. Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;

6. Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;

7. Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;

8. Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;

9. Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;

10. Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;

11. Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;

12. Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;

13. Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;

14. Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.; and

15. Form OIR-C1-2221 incorporated by reference in Rule 69O-136.100, F.A.C.;

(b) A person applying for a certificate of authority as a legal expense insurance corporation shall submit forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.floir.com/iportal>.

(2) Annual Renewal

(a)1. A legal expense insurance corporation's certificate of authority shall continue in force as long as the legal expense insurance corporation is in compliance with the provisions of Chapter 642, F.S.

2. Failure to submit the application for continuance by June 1 shall result in expiration of the certificate of authority and will require the filing of a new application for licensure.

(b) The qualified certificate of authority holder seeking to continue operating as a legal expense insurance corporation shall submit Form OIR-A3-1077, incorporated by reference in Rule 69O-136.100, F.A.C. "Application for License Continuance Legal Expense Insurance," effective 07/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref 16223>, at <https://www.floir.com/iportal>; and

(c) The legal expense insurance corporation shall honor those contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

*Rulemaking Authority 624.308(1), 642.021(2) FS. Law Implemented 624.404, 642.019, 642.021, 642.032 FS. History—New 6-23-92, Formerly 4-201.008, Amended 5-25-21, 1-4-24, Formerly 69O-201.008. Amended, \_\_\_\_\_.*

69O-136.070 Merger or Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer

(1) Any person acquiring the attorney-in-fact of a domestic reciprocal insurer pursuant to Section 629.225, F.S., shall comply with the instructions contained on Form OIR-C1-150, incorporated by reference in Rule 69O-136.100, F.A.C. and shall also comply with directions, or otherwise submit, the following applicable forms:

- (a) Form OIR-C1-144, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (b) Form OIR-C1-152, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (c) Form OIR-C1-905, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (d) Form OIR-C1-938, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (e) Form OIR-C1-1423, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (f) Form OIR-C1-0500, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (g) Form OIR-C1-0501, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (h) Form OIR-C1-0502, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (i) Form OIR-C1-0503, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (j) Form OIR-C1-0504, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (k) Form OIR-C1-0505, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (l) Form OIR-C1-0506, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (m) Form OIR-C1-0507, incorporated by reference in Rule 69O-136.100, F.A.C.;
- (n) Form OIR-C1-0509, incorporated by reference in Rule 69O-136.100, F.A.C.; and,
- (o) Form OIR-C1-2221, incorporated by reference in Rule 69O-136.100, F.A.C.

(p) In addition, prior to a final decision on whether to approve the proposed acquisition, the Office shall request such other information as is necessary, depending on the facts and circumstances of the specific persons and entities involved, pursuant to Section 629.225(3), F.S., to determine the character, experience, ability, and other qualifications required by statute, of the person or affiliated person of such person for the protection of the policyholders and shareholders of the insurer and the public. The Office shall make no final decision on any proposed acquisition without complete information, as required by Section 629.225, F.S.

(2) All the forms listed in subsection (1) may be obtained from the Office's website at <http://www.floir.com> and shall be submitted electronically via the Office's iApply system at <https://www.floir.com/iportal>.

(5) A retaliatory application fee shall be submitted pursuant to Section 624.5091, F.S. The retaliatory fee is the greater of:

(a) The amount that the applicant's domiciliary state or country would charge a Florida domestic insurer making application in the applicant's state or country of domicile; or

(b) The Florida application fee pursuant to Section 624.501(1)(a), F.S.

(6) Disclaimer of Control

(a) A person may attempt to rebut a presumption of control pursuant to Section 629.225(11), F.S., by electronically filing via the Office's iApply system at <https://www.floir.com/iportal> one of the following forms with the Office:

1. Form OIR-C1-1467, incorporated by reference in Rule 69O-136.100, F.A.C.;

2. Form OIR-C1-1468, incorporated by reference in Rule 69O-136.100, F.A.C.;

3. Form OIR-C1-2211, incorporated by reference in Rule 69O-136.100, F.A.C.

(b) A person may attempt to rebut a presumption of control pursuant to Section 629.225(11), F.S., by filing a copy of a Schedule 13G filed with the Securities and Exchange Commission pursuant to Rule 13d-1(b) or (c), 17 C.F.R. s. 240.13d-1, under the Securities Exchange Act of 1934, as amended, to the Office electronically via the Office's iApply system at <https://www.floir.com/iportal>.

(c) Pursuant to Section 629.225(11), F.S., the Office is authorized to disallow a disclaimer of control filed pursuant to paragraphs (a) and (b).

*Rulemaking Authority 624.308(1), 629.225(1)(a)1, (11), 629.291(1), 629.525 FS. Law Implemented 629.225, 629.227, 629.291 FS. History—New \_\_\_\_\_.*

69O-136.075 Merger or Conversion of a Reciprocal Insurer

(1) A reciprocal insurer may merge with another reciprocal insurer or be converted to a stock or mutual insurer, by filing Form OIR-C1-153 incorporated by reference in Rule 69O-136.100, F.A.C.

(2) A retaliatory application fee shall be submitted pursuant to Section 624.5091, F.S. The retaliatory fee is the greater of:

(a) The amount that the applicant's domiciliary state or country would charge a Florida domestic insurer making application in the applicant's state or country of domicile; or

(b) The Florida application fee pursuant to section 624.501(1)(a), F.S.



69O-136.100 Forms Incorporated by Reference.

(1) The forms in subsection (2) of this rule are available and may be printed from the Office of Insurance Regulation's website: <https://www.flair.com/iportal>, and are hereby incorporated by reference.

(2)(a) Forms OIR-A3

1. Form OIR-A3-110, "License Continuance Form Service Warranty Association," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16737> ;

2. Form OIR-A3-453, "Premium Finance Company Surety Bond," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16738>;

3. Form OIR-A3-455, "Home or Service Warranty Association Surety Bond," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16739> ;

4. Form OIR-A3-467 LR, "Application for License Continuance Motor Vehicle Service Agreement Company," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16740> ;

5. Form OIR-A3-478, "Legal Expense Insurance Corporation Surety Bond," effective 04/24, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16741>;

6. Form OIR-A3-955, "License Continuance Form Service Warranty Association Manufacturer or Affiliate," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16742>;

7. Form OIR-A3-1073, "Application for Renewal of License Home Warranty Association," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16743>;

8. Form OIR-A3-1077, "Application for License Continuance Legal Expense Insurance," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16744>;  
and

9. Form OIR-A3-1563, "Application for Renewal of License Premium Finance Company," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16745>.

(b) Form OIR-B1-PCR3, "Filing requirements Advisory Organization," effective 7/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16192>, electronically at <https://www.flair.com/iportal>.

(c) ~~(b)~~ Form OIR-B2-1093, "Small Employer Carrier's Application to Become a Risk Assuming Carrier or a Reinsuring Carrier, as Required by Section 627.6699(9), Florida Statutes," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16193>.

(d) ~~(c)~~ Forms OIR-C1

1. Form OIR-C1-0500, "UCAA Biographical Affidavit Addendum Blank," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16194>;

2. Form OIR-C1-0501, "UCAA Biographical Affidavit Addendum Education," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16195>;

3. Form OIR-C1-0502, "UCAA Biographical Affidavit Addendum Employment," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16196>;

4. Form OIR-C1-0503, "UCAA Biographical Affidavit Addendum General," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16197>;

5. Form OIR-C1-0504, "UCAA Biographical Affidavit Addendum Licenses," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16198>;

6. Form OIR-C1-0505, "UCAA Biographical Affidavit Addendum Professional," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16199>;

7. Form OIR-C1-0506, "UCAA Biographical Affidavit Addendum Residence," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16200>;

8. Form OIR-C1-0507, "UCAA Biographical Affidavit Addendum Societies," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16201>;

9. Form OIR-C1-0508, "Uniform Certificate of Authority Application (UCAA) Affidavit of Lost Certificate of Authority," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16202>;

10. Form OIR-C1-0509, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Cover Letter Holding Company Structure," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16203>;
11. Form OIR-C1-0510, "Uniform Certificate of Authority Application (UCAA) Corporate Amendments Application Application to Amend Certificate of Authority," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16206>;
12. Form OIR-C1-0511, "Uniform Certificate of Authority Application (UCAA) Corporate Amendments Application Checklist for Corporate Amendments Application Only," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16208>;
13. Form OIR-C1-0512, "Uniform Certificate of Authority Application Questionnaire for Adding or Deleting Lines of Business to an Existing Certificate of Authority," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16210>;
14. Form OIR-C1-0520, "Uniform Certificate of Authority Application (UCAA) Primary Application Checklist for Primary Application Only" effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16212>;
15. Form OIR-C1-0521, "Uniform Certificate of Authority Application (UCAA) Primary Application" effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16213>;
16. Form OIR-C1-0522, "Uniform Certificate of Application (UCAA) Change of Mailing Address/Contact Notification Form," effective 7/23, <http://www.flrules.org/Gateway/reference.asp?No=Ref-16214>;
17. Form OIR-C1-144, "Service of Process Consent & Agreement," effective 6/04, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-14435>;
18. Form OIR-C1-150, "Application for the Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer." effective 4/24, <https://www.flrules.org/Gateway/reference.asp?No=Ref-16768>;
19. Form OIR-C1-151, "Application for Certificate of Authority Domestic Reciprocal Insurer." effective 4/24, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16769>;
20. Form OIR-C1-152, "Letter of Notification Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer." effective 4/24, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16770>;
21. Form OIR-C1-153, "Application for Merger or Conversion Reciprocal Insurer." effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16771>;
22. ~~18.~~ Form OIR-C1-448, "Application for Acquisition of Controlling Stock, Ownership Interest, Assets, or Control of a Florida Specialty Insurer; Merger or Consolidation," effective 7/21, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-14436>;
23. Form OIR-C1-454, "Personal Financial Statement." effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16746>;
24. Form OIR-C1-471, "Application for Provisional Certificate of Authority for a Continuing Care Provider." effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16762>;
25. Form OIR-C1-473, "Application for Certificate of Authority for a Continuing Care Provider." effective 04/24, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16763>;
26. Form OIR-C1-480, "Application for Certificate of Authority Legal Expense Insurance." effective 04/24, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16747>;
27. Form OIR-C1-483, "Application for Certificate of Authority Prepaid Health Clinic." effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16764>;
28. Form OIR-C1-490, "Application for License Home Warranty Association." effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16748>;
29. ~~19.~~ Form OIR-C1-513, "Application for Registration as a Risk Retention Group," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16216>;
30. ~~20.~~ Form OIR-C1-515, "Application for Registration as a Risk Purchasing Group," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16217>;
31. ~~21.~~ Form OIR-C1-845, "Application for Certificate of Authority Commercial Self-Insurance Fund," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16227>;
32. ~~22.~~ Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-14437>;
33. ~~23.~~ Form OIR-C1-908, "Application for Permit Domestic Reciprocal Insurer," effective ~~4/24~~ ~~7/23~~, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16228>;

- ~~34.~~ 24. Form OIR-C1-916, “Application for Eligibility as a Surplus Lines Insurer,” effective 7/23, available at [www. http://www.flrules.org/Gateway/reference.asp?No=Ref-16229](http://www.flrules.org/Gateway/reference.asp?No=Ref-16229);
- ~~35.~~ 25. Form OIR-C1-918, “Application for Acquisition of Controlling Stock of a Florida Domestic Insurer,” effective 7/21, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14438>;
- ~~36.~~ 26. Form OIR-C1-938, “Fingerprint Payment and Submission Procedure,” effective 6/20, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14439>;
- ~~37.~~ 37. Form OIR-C1-942, “Application for Certificate of Authority Health Maintenance Organization.” effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16749>;
- ~~38.~~ 38. Form OIR-C1-957, “Instructions for Statutory Compliance of Forms: Premium Finance Companies,” effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16750>;
- ~~39.~~ 39. Form OIR-C1-958, “Application for License Premium Finance Company,” effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16751>;
- ~~40.~~ 40. Form OIR-C1-983, “Application for Certificate of Authority Multiple Employer Welfare Arrangement,” effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16752>;
- ~~41.~~ 41. Form OIR-C1-989, “Application for License Service Warranty Association Manufacturer or Affiliate,” effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16753>;
- ~~42.~~ 42. Form OIR-C1-994, “Application for License Motor Vehicle Service Agreement Company,” effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16754>;
- ~~43.~~ 43. Form OIR-C1-997, “Application for License Service Warranty Association,” effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16755>;
- ~~44.~~ 44. Form OIR-C1-1075, “Application for Certificate of Authority of an Insurance Administrator,” effective 7/23, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16756>;
- ~~45.~~ 45. Form OIR-C1-1119, “Application for Certificate of Authority Prepaid Limited Health Service Organization,” effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16757>;
- ~~46.~~ 46. Form OIR-C1-1208, “Notification to the Office of Insurance Regulation as a Qualifying Issuer of Donor Annuity Agreements Pursuant to section 627.481, F.S.,” effective 04/24, is hereby incorporated by reference and available at <https://www.flrules.org/XXXXXX>.
- ~~47.~~ 27. Form OIR-C1-1413, “Uniform Certificate of Authority Application (UCAA) Expansion Application,” effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16230>;
- ~~48.~~ 28. Form OIR-C1-1414, “Uniform Certificate of Authority Application (UCAA) Expansion Application Checklist For Expansion Application Only,” effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16231>;
- ~~49.~~ 29. Form OIR-C1-1416, “Uniform Certificate of Authority Application (UCAA) Lines of Insurance,” effective 1/20, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16232>;
- ~~50.~~ 30. Form OIR-C1-1422, “Uniform Certificate of Authority Application Questionnaire,” effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16233>;
- ~~51.~~ 31. Form OIR-C1-1423, “Uniform Certificate of Authority Application (UCAA) Biographical Affidavit,” effective 12/20, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14441>
- ~~52.~~ 32. Form OIR-C1-1424, “Uniform Certificate of Authority Application,” effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16234>;
- ~~53.~~ 33. Form OIR-C1-1467, “Disclaimer of Control - Individual,” effective 7/21, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-14442>
- ~~54.~~ 34. Form OIR-C1-1468, “Disclaimer of Control - Entity,” effective 7/21, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14443>;
- ~~55.~~ 35. Form OIR-C1-1522, “Primary Application Florida Specific Information,” effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16235>;
- ~~56.~~ 36. Form OIR-C1-1524, “Uniform Certificate of Authority Application (UCAA) Uniform Consent to Service of Process,” effective 12/19, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14444>;

57. Form OIR-C1-1606, "Application for License Discount Plan Organization (DPO)," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16759>;

58. ~~37.~~ Form OIR-C1-1654, "Determination of Eligibility to Operate as an Alien Insurer in Florida Pursuant to Section 624.402(9), Florida Statutes," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16236>;

59. ~~38.~~ Form OIR-C1-2069, "Letter of Notification," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16237>;

60. ~~39.~~ Form OIR-C1-2176, "Letter of Notification/Registration to Operate as a Non-US Based (Alien) Insurer (also referred to as "Offshore Insurer") in Florida Pursuant to Section 624.402(8), Florida Statutes," effective 7/23, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16238>;

61. ~~40.~~ Form OIR-C1-2211, "Disclaimer of Control – Investment Companies," effective 7/21, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14445>;

62. Form OIR-C1-2218, "Application for Expansion of a Certificated Continuing Care Facility," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16765>;

63. Form OIR-C1-2219, "Application for the Simultaneous Acquisition of a Continuing Care Facility and Issuance of a Certificate of Authority to a Provider," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16766>;

64. Form OIR-C1-2220, "Consolidated Application for Provisional Certificate of Authority and Certificate of Authority for a Continuing Care Provider," effective 04/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16767>;

65. ~~41.~~ Form OIR-C1-2221, "Management Information Form," effective 6/20, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14446>;

66. ~~42.~~ Form OIR-C1-PCR1, "Application for License Rating Organization," effective 7/23, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-16239>; and

67. ~~43.~~ Form OIR-C1-PCR2, "License Renewal Rating Organization," effective 7/23, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16760> <http://www.flrules.org/Gateway/reference.asp?No=Ref-16239>, filed electronically at <https://www.flair.com/iportal>.

(e) ~~(d)~~ Forms OIR-D0

1. Form OIR-D0-896, "UCAA Proforma Financial Statements, Property and Casualty Insurance Company," effective 1/19, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14448>;

2. Form OIR-D0-904, "UCAA Proforma Financial Statements, Life & Health Insurer," effective 1/19, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16761> ~~[www.flrules.org/14449](http://www.flrules.org/14449)~~;

3. Form OIR-D0-2119, "UCAA Proforma Financial Statements, Title Insurance Company," effective 1/19, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14593>; and

4. Form OIR-D0-2165, "UCAA Proforma Financial Statements, Health," effective 1/19, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-14450>.

*Rulemaking Authority 624.308(1), 624.413(1), 624.439, 624.4431, 624.490, 626.8805(2), 626.8991, 627.481(11), 627.6699, 627.828(2), 628.461(13), 628.4615(15), 628.535, 629.091(2), 629.225(1)(a)1., (11), 629.227(1), 629.291(1), (2), 629.525, 634.021, 634.061(1), (2)(c), 634.302, 634.402, 636.067, 636.232, 641.36, 641.403, 641.405(2), 642.021(2), 651.015(3), 651.021(2), 651.022(2), 651.0245(3), (5), (6), 651.0246(1), 651.043 FS. Law Implemented 624.307(1) 624.321, 624.34, 624.401, 624.404, 624.407, 624.413, 624.422, 624.424(6), 624.438, 624.439, 624.490, 624.501, 624.5091, 626.8805, 627.669, 626.7451(11), 626.9928, 627.481, 627.828, 627.829, 628.051 628.451, 628.461, 628.4615, 628.471, 628.801, 629.081, 629.091, 629.225, 629.227, 629.291, 634.041, 634.252, 634.304, 634.305, 634.306, 634.307, 634.3073, 634.315, 634.404, 634.407, 634.408, 634.4085, 636.065, 636.005, 636.007, 636.008, 636.009, 636.204, 636.220, 636.226, 636.228, 636.234, 636.236, 641.21, 641.22, 641.227, 641.29(1), 641.255, 641.405, 641.406, 641.407, 641.409, 641.412, 641.416, 641.42, 641.427, 641.43, 641.441, 642.019, 642.021, 642.032, 651.0215, 651.022, 651.023, 651.024, 651.0245, 651.0246 FS. History—New 7-21-22, Amended 1-7-24, \_\_\_\_\_.*



**Florida Office of Insurance Regulation**

**APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL 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 selecting Company Admissions – iApply Login at the following link:

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

Any questions concerning this application packet or iApply for Life and Health applicants may be directed to [lhappcoord@floir.com](mailto:lhappcoord@floir.com). Property and Casualty applicants are directed to [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

**APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**INSTRUCTIONS**

**SECTION I - APPLICATION FEES**

**Section I-1            Application Fees**

Applicant must pay the acquisition application fee of \$1,500 U.S. Dollars, pursuant to Section 624.501, Florida Statutes, or an amount otherwise in accordance with Section 624.5091, Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

**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.

**Disclaimer of Control Pursuant to Section 629.225(11)**

If Applicant is considered a “passive investor” and will be submitting a disclaimer of control affidavit or Schedule 13G as per Section 629.225(11), Florida Statutes, it may omit the items in Section II 3-5, Section III, and Section IV. These omitted items must be provided if requested by the Office to determine the appropriateness of the disclaimer of control or Schedule 13G. If there are any purchase agreements, tender or exchange offers, or similar agreements related to the transaction, they must be provided with the application.

**APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**SECTION II - LEGAL**

**Section II-1            Description of Transaction**

Submit a narrative statement describing the transaction resulting in the acquisition of the controlling stock, ownership interest, assets, or control of the attorney in fact of a domestic reciprocal insurer ("Attorney-in-Fact").

**Section II-2            Notification Statements**

- a. Submit a statement that the acquiring entity has sent to the principal office of the Attorney-in-Fact, any controlling company of the Attorney-in-Fact, the subscribers' advisory committee, and the domestic reciprocal insurer the notification statement in compliance with Section 629.225(a)(1), Florida Statutes.
- b. Submit a statement that the acquiring entity has sent to the principal office of the Attorney-in-Fact a copy of the application in compliance with Section 629.225(3), Florida Statutes.

Control is presumed to exist if a person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing 10% or more of the voting securities or ownership interests of another person.

**Section II-3            Certificate of Status**

Submit a certificate of status 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, and shows that the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

**Section II-4            Organizational Documents**

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, etc., 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. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

**Section II-5            Bylaws**

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This 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 unless the Applicant does not have this position.

**OIR-C1-150  
Rev.: 04/24  
Rule: 690-136.100**

**APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**Section II-6            Service of Process Form**

Included in this packet is the Service of Process Form (Form OIR-C1-1524). This document must be executed and submitted after an acquisition is completed if the information on record with the Office has changed as a result of the transaction.

**Section II-7            Statutory Statements**

Submit a detailed response to paragraphs (b)-(f) of Section 629.225(3), Florida Statutes, listed below. Each of these sections should be clearly labelled and responded to individually.

**(b)** The source and amount of the funds or other consideration used, or to be used, in making the acquisition.

**(c)** Any plans or proposals which such persons may have made to liquidate the Attorney-in-Fact or controlling company, to sell any of their assets or merge or consolidate them with any person, or to make any other major change in their business or corporate structure or management.

**(d)** The nature and the extent of the controlling interest which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the controlling interest is to be acquired of an Attorney-in-Fact or controlling company which is not a stock corporation.

**(e)** The number of shares or other securities which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the securities are to be acquired.

**(f)** Information as to any contract, arrangement, or understanding with any party with respect to any of the securities of the Attorney-in-Fact or controlling company, including, but not limited to, information relating to the transfer of any of the securities, option arrangements, puts or calls, or the giving or withholding of proxies, which information names the party with whom the contract, arrangement, or understanding has been entered into and gives the details thereof.

**Section II-8            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.

**OIR-C1-150  
Rev.: 04/24  
Rule: 690-136.100**



**APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**SECTION III – FINANCIAL**

**Section III-1            Applicant’s Quarterly Financial Statement**

Furnish a copy of Applicant’s most recent quarterly financial statement.

**Section III-2            Applicant’s Annual Financial Statement**

Furnish a copy of Applicant’s most recent annual financial statement.

**Section III-3            Plan of Operation**

A domestic insurer licensed in the state of Florida must keep the Office apprised of its business plan. If the proposed acquisition will result in any substantive changes to the operations of the insurer, submit an updated Plan of Operation.

**Section III-4            Previous Florida Business History of Acquiring Company**

In this section the acquiring company should detail its history in the state of Florida.

**Section III-5            Purchase Agreements, Tender or Exchange Offers, or Similar Documents**

Furnish a copy of all purchase agreements, tender or exchange offers and offering documents, or similar documents associated with the acquisition.

**Section III-6            Other Agreements**

Furnish copies of any agreements whereby the acquiring entity accepts obligations, debts, and encumbrances which would affect the domestic insurer or are relevant to this transaction. Additionally, furnish copies of any other agreements referenced in this filing.

**Section III-7            Organizational Charts**

Furnish complete organizational charts for the Applicant and for the Attorney-in-Fact. Each set of organizational charts should fully disclose the complete corporate structure and the relationship between all entities, including all parent, holding, subsidiary, and any and all affiliated companies, and must clearly state all ownership percentages if applicable. One set of charts should be submitted for the Applicant and one for the Attorney-in-Fact showing each respective organization prior to the proposed acquisition, and another set of charts that shows the Applicant’s entire structure after the proposed acquisition.

**APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**SECTION IV - MANAGEMENT**

**Section IV-1            Management Information Forms**

Please submit Management Information Form OIR-C1-2221 fully describing the post-acquisition management, ownership, and control, direct or indirect, of the Attorney-in-Fact 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 Names 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 individual listed in Section IV-1. Applicant may omit individuals listed for those entities 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 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.

**APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**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 NAIC-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](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 ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**CHECKLIST**

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

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 FORM & FEES**

- 1. Application fee paid (if the entity being acquired holds a COA issued by the Office)
- 2. All fingerprint fees paid electronically
- a. Copies of online payment confirmation

**SECTION II – LEGAL**

- 1. Description of Transaction
- 2. Statement of compliance with:
  - a. Notification statement, Section 628.4615(2)(a), Florida Statutes; and
  - b. Application furnished to appropriate parties, Section 628.4615(4), Florida Statutes
- 3. Certificate of Status
- 4. Organizational Documents (Articles of Incorporation or equivalent documents)
  - a. Certified by domiciliary jurisdiction
- 5. Bylaws (or equivalent documents)
  - a. Certified by Secretary
- 6. Service of Process Form (Form OIR-C1-1524) (see instructions in II-7)
- 7. Statutory Statements, Section 628.4615(4)(b)-(f), Florida Statutes
- 8. Authorization Letter

**OIR-C1-150**  
**Rev.: 04/24**  
**Rule: 690-136.100**

**APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**CHECKLIST**

Applicant Name: \_\_\_\_\_

**SECTION III – FINANCIAL**

- 1. Applicant's quarterly financial statement
  - a. A copy of Applicant's most recent quarterly financial statement
- 2. Applicant's annual financial statement
  - a. A copy of Applicant's most recent annual financial statement
- 3. Plan of Operation
- 4. Applicant's statement of previous Florida business history
- 5. Copies of any purchase agreements, tender or exchange offers, or similar documents
- 6. Copies of other agreements related to the acquisition or referenced in the filing
- 7. Organizational Charts
  - a. Chart showing Applicant's organization prior to acquisition or merger
    - i. With ownership percentages
  - b. Chart showing specialty insurer's organization prior to acquisition or merger
    - i. With ownership percentages
  - c. Chart showing all entities after the acquisition or merger
    - i. With ownership percentages

**APPLICATION FOR ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**CHECKLIST**

Applicant Name: \_\_\_\_\_

**SECTION IV – MANAGEMENT**

- 1. Management Information Forms (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 ACQUISITION OF THE ATTORNEY-IN-FACT OF A  
DOMESTIC RECIPROCAL INSURER**

**APPLICATION CERTIFICATION**

**To be executed by Applicant if an individual or an officer of Applicant.**

The undersigned states that they have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ (“Applicant”) to acquire the Attorney-in-Fact of a Florida domestic reciprocal insurer, either directly, indirectly, or via merger; 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 understands 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: \_\_\_\_\_



**Florida Office of Insurance Regulation**

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**APPLICATION FOR CERTIFICATE OF AUTHORITY  
DOMESTIC RECIPROCAL 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 [lhappcoord@floir.com](mailto:lhappcoord@floir.com) for Life & Health applicants or [pcappcoord@floir.com](mailto:pcappcoord@floir.com) for Property & Casualty applicants.



# APPLICATION FOR CERTIFICATE OF AUTHORITY DOMESTIC RECIPROCAL INSURER

## INSTRUCTIONS

Applicants must have previously received a Permit to form a Domestic Reciprocal Insurer in Florida from the Office before filing an application for a Certificate of Authority to operate as a Domestic Reciprocal Insurer in Florida.

In addition to meeting the requirements of the Permit, Applicant must submit all of the following:

### SECTION I – UPDATES

#### **Section I-1 Any Changes to Information Previously Submitted**

Updated information or documents if there have been any changes to the information and documents submitted as part of the Permit application. For information regarding the submission of background information for any persons for whom it has not previously been submitted please see the instructions in OIR-C1-918, Application for Permit Domestic Reciprocal Insurer.

### SECTION II – LEGAL

#### **Section II-1 Appointment of Attorney-in-Fact and Power of Attorney**

An executed, or otherwise finalized, copy of the proposed designation and appointment of the Attorney-in-Fact and power of attorney.

#### **Section II-2 Charter of the Subscriber's Advisory Committee**

An executed, or otherwise finalized, copy of the charter for the Subscribers' Advisory Committee, or equivalent document.

#### **Section II-3 Subscribers' Agreement**

A copy of the final version of the subscriber's agreement.

#### **Section II-4 Uniform Consent to Service of Process**

Executed Uniform Consent to Service of Process, Form OIR-C1-1524. NO other signature will be accepted other than that of the Chairman of the Subscribers' Advisory Committee, which must be under seal if one exists.

#### **Section II-5 Authorization Letter**

If there have been any changes to representation since the Permit application, 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 III - FINANCIAL**

**Section III-1 Statutory Statements**

Pursuant to Section 629.091, Florida Statutes, Applicant must provide the following:

1. A statement that all moneys paid to the reciprocal shall, after deducting therefrom any sum payable to the attorney, be held in the name of the insurer and for the purposes specified in the subscribers' agreement.
2. A statement that each of the original subscribers has in good faith applied for insurance of a kind proposed to be transacted, and that the insurer has received from each such subscriber the full premium or premium deposit required for the policy applied for, for a term of not less than 6 months at an adequate rate theretofore filed with and approved by the Office.
3. A statement of the financial condition of the insurer, a schedule of its assets, and a statement that the surplus as required by Section 629.071, Florida Statutes, is on hand.

**Section III-2 Attorney-in-Fact Bond**

Pursuant to Section 629.121, Florida Statutes, a bond in the amount of \$100,000, with an authorized corporate surety subject to the approval of the Office must be filed with this section of the application. A deposit may be maintained with the Bureau of Collateral Management in lieu of the bond, as provided for in Section 629.131, Florida Statutes.

**Section III-3 Statutory Deposit**

Pursuant to Section 624.411, Florida Statutes, every domestic insurer shall be required to make a statutory deposit with the Office for the protection of the insurer's policyholders and creditors. This deposit shall have at all times a value of not less than \$250,000 to transact casualty insurance, \$100,000 to transact all other kinds of insurance, per kind of insurance, and a maximum of \$300,000 for any insurer authorized to write more than one kind of insurance. Contact the Bureau of Collateral Management at (850) 413-3167 for the procedures involved in establishing a deposit. Verification from the Bureau of Collateral Management that the funds have been deposited will be required.

**Section III-4 Verification of Funds**

A domestic reciprocal is required to have a minimum of \$1 million in surplus as to policyholders, unless it will write non-assessable policies, in which case its surplus as to policyholders must be in compliance with Section 624.407, Florida Statutes. These funds should be held in a financial institution pursuant to Section 625.306, Florida Statutes. The funds must be verified by a letter from an officer of the financial institution where the funds are being held and should include the name of depositor and Federal ID Number; account numbers and amounts of funds in each account; form of funds on deposit; if funds are in the form of a certificate of deposit, include certificate numbers and maturity dates; and any restrictions on the withdrawal of the funds.

**APPLICATION FOR CERTIFICATE OF AUTHORITY DOMESTIC RECIPROCAL 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 - UPDATES**

1. Any changes to information previously submitted have been provided

**SECTION II – LEGAL**

1. Appointment of Attorney-in-Fact and Power of Attorney
2. Charter of the Subscriber’s Advisory Committee
3. Subscribers’ Agreement
4. Uniform Consent to Service of Process (Form OIR-C1-1524)
5. Authorization Letter (if applicable)

**SECTION III – FINANCIAL**

1. Statutory Statements
- a. All three statutory statements
- b. Schedule of Applicant’s assets
2. Attorney-in-Fact Bond
3. Statutory Deposit
4. Verification of Funds

**APPLICATION CERTIFICATION**

The undersigned state that they are the Chairman of the Subscribers' Advisory Committee and have personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ ("Applicant") to seek a Certificate of Authority to operate as a Domestic Reciprocal 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 represents that they have the authority to bind the Applicant, and that by their signature here below the Applicant has executed the instrument.

The undersigned understands 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: Chairman, Subscribers' Advisory Committee

Date: \_\_\_\_\_



**Florida Office of Insurance Regulation**

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**Letter of Notification**

**Acquisition of the Attorney-in-Fact of a Domestic Reciprocal Insurer**

This letter serves as notification of the acquisition of the below named entity, pursuant to the requirements of the Florida Insurance Code. The company being acquired is the Attorney-in-Fact of \_\_\_\_\_ . Pursuant to Section 629.225(6)(a), Florida Statutes, a substantially affected person may file a written request for a hearing with the Office within the latter of either 10 days after the date on which notice of the filing is given, or 10 days after which notice of the filing is sent to the subscribers by the subscribers' advisory committee.

**Work Log Number:**

**Date of Notification:**

**Expected Date of Transaction:**

**Contact Person**

Name:

Email:

Address:

**Acquiring Entity or Person**

Name:

Email:

Address:

Telephone:

**Company Being Acquired**

Name:

Address:

FEIN:

Contact Name:

Telephone:

Contact Email:

**Request for Waiver:**

**Request for Disclaimer in lieu of filing:**

FLORIDA OFFICE OF INSURANCE REGULATION  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0332 · Email: [iapplv@floir.com](mailto:iapplv@floir.com)



**Florida Office of Insurance Regulation**

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**APPLICATION FOR MERGER OR CONVERSION  
RECIPROCAL 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 selecting iApply – Online Company Admissions at the following link:

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

Any questions concerning this application packet or iApply for Life and Health applicants may be directed to [lhappcoord@floir.com](mailto:lhappcoord@floir.com). Property and Casualty applicants are directed to [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

# APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

## INSTRUCTIONS

### SECTION I - APPLICATION FEES

#### Section I-1            **Application Fees**

Applicants filing for a merger must pay the application fee of \$1,500 U.S. Dollars, pursuant to Section 624.501, Florida Statutes, or an amount otherwise in accordance with Section 624.5091, Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

#### 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 II - LEGAL

#### Section II-1            **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-2            **Service of Process Form (post-approval)**

Included in this packet is the Service of Process Form (OIR-C1-144). This document must be executed and submitted after the merger or conversion is completed if the information on record with the Office has changed as a result.

#### **FOR MERGERS:**

#### Section II-3            **Organizational Documents**

Provide drafts of the revised documentation for the surviving entity if any of the documents listed below, previously approved by the Office, will change as a result of the merger. Final or executed copies of the approved drafts will need to be provided once the merger has been completed.

- a. Charter of the Subscriber's Advisory Committee
- b. Subscriber's Agreement and Power of Attorney
- c. Attorney-in-Fact Agreement

**OIR-C1-153**  
**Rev.: 04/24**  
**Rule: 690-136.100**

# APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

## FOR CONVERSIONS:

### **Section II-4            Articles of Incorporation**

Applicant should submit draft Articles of Incorporation that comply with the requirements of Section 628.081, Florida Statutes. Applicant should note that, as per Chapter 628, Florida Statutes, Applicant may not incorporate as a domestic stock insurer in Florida without the stamped approval of the Office on its final executed Articles.

Once the application is approved and Applicant is incorporated, it will need to provide the Office with a copy of its articles of incorporation certified by the Florida Secretary of State.

### **Section II-5            Bylaws**

Applicant should submit a draft of its proposed Bylaws. The Bylaws must not be inconsistent with the proposed Articles of Incorporation or applicable law.

Once Applicant is incorporated, it will need to provide the Office with a copy of its Bylaws, certified by its corporate Secretary.

### **Section II-6            Certificate of Status (post-approval)**

After the application is approved and Applicant is incorporated, it will need to provide the Office with a copy of a Certificate of Status from the Florida Secretary of State.

## SECTION III – FINANCIAL

### **Section III-1            Description**

Submit a narrative statement describing the merger or conversion. This statement should address, at a minimum, the following points:

#### **For a Merger:**

- a. How are the merging subscribers going to be incorporated into the surviving entity?
- b. Discuss the transfer of the merging subscriber savings accounts.
- c. How notice was provided to the subscribers of the merging and surviving entity and how long they had to respond.
- d. How this benefits the current subscribers of both merging entities.



# APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

## For a Conversion:

- a. Ownership of the proposed new stock corporation.
- b. How will the subscriber's interests be handled as part of the conversion?
- c. Will the Attorney-in-Fact, or any of its officers, directors, managers, or upstream interest holders have any role in, control of, or direct or indirect influence over, the proposed stock insurer?
- d. How was notice provided to the subscribers of the merging and surviving entities and how long did they have to respond?
- e. How does this benefit the current subscribers?

## **Section III-2 Confirmation of Voting Results**

Submit confirmation of voting results for both entities in the event of a merger, or the licensee in the event of a conversion. Include the total number of subscribers for each respective entity and the total number of votes received in favor of and against for each.

## **Section III-3 Plan of Merger or Conversion**

Submit a copy of the Plan of Merger or Conversion.

## **Section III-4 Quarterly Financial Statement**

Furnish a copy of Applicant's most recent quarterly financial statement.

## **Section III-5 Annual Financial Statement**

Furnish a copy of Applicant's most recent annual financial statement.

## **Section III-6 Plan of Operation**

An insurer licensed in the state of Florida must keep the Office apprised of its business plan. If the proposed merger or conversion will result in any substantive changes to the operations of the surviving entity if a merger, or the licensee if a conversion, submit an updated Plan of Operation as outlined below.

If the subject of the merger or conversion is not in compliance with Florida Statutes, then a plan to bring the insurer into compliance should be submitted to the Office in this section.

# **APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER**

Applicant should furnish a three-year Plan of Operation. The Plan must include all major areas of the proposed operations and include the following:

- a. A description of the management experience of each individual (by name) involved in the operation of the entity.
- b. A description of products to be offered.
- c. A three-year plan of marketing, including commission rates and the use of sales persons.
- d. A statement regarding any planned changes in operations during the next three years. If no changes are planned, a statement to that effect.
- e. In Excel format, a National Association of Insurance Commissioners (“NAIC”) UCAA pro forma statement (Form 13), showing expected premium projections reflecting the merger or conversion, along with a statutory balance sheet and income statement.
- f. A list of all assumptions used in creating the pro forma and an explanation of how these assumptions were derived.
- g. A list of all consultant and expert services in use or proposed during the three-year period.

## **Section III-7 Previous Florida Business History of Surviving Entity (mergers only)**

In this section, the surviving entity should detail its history in the state of Florida.

## **Section III-8 Transaction Agreements**

Furnish a copy of any transactional documents associated with the merger or conversion, including, but not limited to, any purchase agreements, financial agreements, or subscriber offerings.

## **Section III-9 Other Agreements**

Furnish copies of any agreements whereby entities involved in the merger or conversion accept obligations, debts, or encumbrances which would affect a licensee, or are relevant to the merger or conversion. Additionally, furnish copies of any other agreements referenced in this filing.

# APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

## **Section III-10 Organizational Charts**

Furnish complete organizational charts. Each set of organizational charts should fully disclose the complete organizational structure and the relationship between all entities, including all parent, holding, subsidiary, Attorney-in-Fact, or similar parties, and any and all affiliated companies, and must clearly state all ownership percentages if applicable. One set of charts should be submitted showing the licensee's entire structure before the merger or conversion and another set of charts that shows the licensee or surviving entity's entire structure following merger or conversion.

## **SECTION IV - MANAGEMENT**

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

1. For a Merger: Using OIR-C1-2221, Management Information Form, provide the full names of all proposed members of the Subscribers' Advisory Committee, as well as those of the officers, directors, managers, or equivalent positions, and 10% or greater shareholders/owners of the proposed Attorney-in-Fact, up through and including the ultimate parent corporation, with their respective titles and ownership percentages. A separate form should be used for each entity.
2. For a Conversion: Using OIR-C1-2221, Management Information Form, provide the full names of the post-conversion officers, directors, managers, or equivalent positions, and any 10% or greater shareholders/owners up through and including the ultimate parent corporation or holding company, with their respective titles and ownership percentages. A separate form should be used for each entity.

Forms should contain the First, Middle, and Last Names 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 (NAIC Form 11) for each individual listed in Section IV-1. Applicant may omit individuals listed for those entities 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.

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**Rev.: 04/24**  
**Rule: 690-136.100**

## **APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER**

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.

### **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](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 provided fingerprinting results within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

# APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

## CHECKLIST

### SECTION I - APPLICATION FORM & FEES

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

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. Application fee paid
- 2. All fingerprint fees paid electronically (Form OIR-C1-938)
  - a. Copies of online payment confirmation
- 3. Checklist & Certification

### SECTION II – LEGAL

- 1. Authorization Letter
- 2. Service of Process (post-approval, if necessary)

#### MERGERS:

- 3. Drafts of Organizational Documents (if amending)
  - a. Charter Subscriber's Advisory Committee
  - b. Subscriber's Agreement and Power of Attorney
  - c. Attorney-in-Fact Agreement

#### CONVERSIONS:

- 4. Draft Articles of Incorporation

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**Rule: 690-136.100**

# APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

Applicant Name: \_\_\_\_\_

- 5. Draft Bylaws
- 6. Certificate of Status (post-approval)

## SECTION III – FINANCIAL

1. Description should include at least the following:

### MERGERS:

- a. Incorporation of subscribers
- b. Transfer of subscriber savings accounts
- c. Notice
- d. Benefits to subscribers

### CONVERSIONS:

- a. Ownership
- b. Subscriber's interests
- c. Control
- d. Notice
- e. Current subscribers
- 2. Confirmation of voting results
- 3. Plan of merger or conversion
- 4. Quarterly financial statement
- 5. Annual financial statement
- 6. Plan of operation
  - a. Management experience
  - b. Description of products

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# APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

Applicant Name: \_\_\_\_\_

- c. Plan of marketing
- d. Planned changes in operations
- e. Pro forma
- f. List of assumptions
- g. Consultant and expert services
- 7. Previous Florida business history (mergers only)
- 8. Transaction agreements
- 9. Other agreements
- 10. Organizational charts

## SECTION IV – MANAGEMENT

- 1. Management Information Forms (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

**OIR-C1-153**  
**Rev.: 04/24**  
**Rule: 690-136.100**

# APPLICATION FOR MERGER OR CONVERSION RECIPROCAL INSURER

## APPLICATION CERTIFICATION

The below certification must be executed by two members of the SAC of Applicant.

The undersigned state that they are members of the Subscriber's Advisory Committee having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ ("Applicant") to merge or convert pursuant to Section 629. 291, Florida Statutes; 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: \_\_\_\_\_





## **Florida Office of Insurance Regulation**

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### **APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

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 at the following link:

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

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

**INSTRUCTIONS**

**SECTION I - APPLICATION FEES**

**Section I-1            Application Fees**

Applicants must pay an application-filing fee of \$50 U.S. Dollars (“USD”) pursuant to Section 651.015(2)(e), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

**Section I-2            Fingerprint Processing 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 II - LEGAL

### **Section II-1            Authorization Letter**

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

### **Section II-2            Organizational Documents**

Submit a copy of Applicant's organizational documents or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, Association Membership Agreements, etc., 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. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

### **Section II-3            Bylaws**

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This 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, unless the Applicant does not have this position.

### **Section II-4            Certificate of Status**

Submit a certificate of status 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-5            Fictitious Name Filing**

If the Applicant plans to utilize a fictitious name, provide documentation of compliance with Section 865.09, Florida Statutes, dealing with fictitious names.

### **Section II-6            Parent Companies and Controlling Partners**

Provide complete documents required in Sections II-2 through II-5 for all entities controlling the Applicant upward to the ultimate controlling entity.

**Section II-7            Organizational Charts**

Furnish complete organizational charts for Applicant. The organizational charts should disclose the relationship between all entities in the organizational structure, include all parent, holding, subsidiary, and other affiliated companies, and state all ownership percentages.

**Section II-8            Service of Process Consent & Agreement**

Provide a properly executed Service of Process Consent & Agreement form (Form OIR-C1-144).

## SECTION III - FINANCIAL

### **Section III-1 Plan of Operations**

Submit a general summary of the plan of operations of Applicant. The plan should include management structure, healthcare delivery system, and a description of the types of continuing care contracts offered, including health care benefits and refundable contract options. This plan should be consistent with the feasibility study.

### **Section III-2 Interrogatories**

Submit complete responses to all interrogatories attached as Exhibit III-2.

### **Section III-3 Applicant's Unaudited Quarterly Financial Statements**

Furnish a copy of Applicant's most recent unaudited quarterly financial statements. If Applicant relies on funding from an affiliate or controlling company, provide the most recent quarterly financial statements for that entity as well.

### **Section III-4 Applicant's Annual Financial Statements**

Furnish a copy of Applicant's most recent annual financial statements. Please provide audited financial statements, if available. If Applicant relies on funding from an affiliate or controlling company, provide the most recent annual financial statements or audit for that entity as well.

### **Section III-5 Applicant's History in the Industry**

Furnish a history of the Applicant including the following information.

- (A) A brief history of the company since its incorporation.
- (B) A history of the Applicant's operations in Florida.
- (C) A brief description of the management experience of each individual (by name) involved in the operation of the Applicant and the facility.
- (D) A description of the experience of any controlling company or management company in the field of continuing care.

**APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

- (E) Provide a listing of all continuing care facilities currently or previously owned, managed or developed by the Applicant. As used in this paragraph, "Applicant" includes the Applicant and its affiliates and principals. The listing must include the following information:
- i. The facility's name, address, city, and state;
  - ii. An indication of if Applicant's role with the facility was that of an owner, manager, developer, or a combination thereof;
  - iii. An indication regarding whether Applicant is currently involved with the facility or if their involvement has ceased;
  - iv. For facilities located outside of the state of Florida, an indication of whether the facility is regulated by a state agency similar to the Office of Insurance Regulation. If so, please provide the name of the agency and indicate whether the facility currently holds a license issued by the agency or if a license was previously held; and
  - v. Disclosure of any administrative actions, bankruptcy or receivership proceedings, violations of financing covenants and related defaults, or similar significant financial or regulatory issues that occurred while the facility was owned, managed, or being developed by Applicant. For previously owned, managed, or developed facilities, include any such occurrences up to one year after the relationship was terminated.

Applicant may submit documentation, including but not limited to written explanations, consultant reports, court filings, and audited financial statements, to describe the circumstances surrounding the issue(s) and their resolution.

- (F) Regarding the facilities identified in (E) above, please provide financial statements for comparable facilities meeting the criteria described below. If audited financial statements were prepared, provide audited financial statements. If audited financial statements were not prepared, provide a statement that audited financial statements were not prepared and unaudited annual financial statements.

1. Current Facilities: For comparable facilities currently owned, managed, or being developed, provide the most recent financial statements. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

## APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

2. Previous Facilities: For comparable facilities previously owned, managed, or developed, provide the financial statements prepared for the last period in which the facility was owned, managed, or being developed by Applicant. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

### **Section III-6 Proof of Ownership, Right to Operate, or Manage**

If Applicant is the owner of the proposed facility site, attach a copy of the warranty deed or contract for deed. If the Applicant intends to operate the facility, attach a copy of the proposed operating agreement. If the Applicant intends to manage or employ a management company to manage the facility, attach a copy of the proposed or executed management agreement.

### **Section III-7 Feasibility Study**

Submit an independent feasibility study that complies with the requirements of Section 651.022(3), Florida Statutes. The Application Checklist below lists the required components of the feasibility study.

The provider may submit any other information it deems relevant and appropriate to provide to enable the Office to make a more informed determination. If such information is submitted, please provide an explanation of why the additional information is relevant and appropriate to consider in reviewing the application filing.

### **Section III-8 Financial Ratio Projections**

Please provide a projected days cash on hand, occupancy, and debt service coverage ratio calculations for the first 5 years of operations. Please explain when the provider anticipates meeting the minimum requirements provided in Sections 651.011(15) and 651.011(25), Florida Statutes. These projections should be consistent with the feasibility study.

**Section III-9 Minimum Liquid Reserve Projections**

Provide a projected calculation of the facility's minimum liquid reserves for the first 5 years of operations broken down by debt service reserve, operating reserve, and renewal and replacement reserve, as well as a description of how Applicant will fund the minimum liquid reserves. These projections should be consistent with the feasibility study.

**Section III-10 Funding Plan and Supporting Documents**

Furnish a Sources and Uses of Funds statement explaining the projects proposed method of financing and disclosing all sources and all uses of funds to be used to develop the project. The statement should describe construction and long-term financing for the facility.

Please provide available documentation regarding the Sources and Uses of Funds statement. This includes financing agreements, commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters regarding funding for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force. If no such documents exist at this time, please provide a statement that such documentation is not available at this time.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing the various agreements and a timeline of when the agreements are expected to be executed.

Note that the aggregate amount of entrance fees received by or pledged to the Applicant, plus anticipated proceeds from any long-term financing commitment, and funds from all other sources in the actual possession of the Applicant, must equal at least 100% of the aggregate cost of constructing or purchasing, equipping, and furnishing the facility plus 100% of the anticipated startup losses of the facility.

Note that the Office may not approve an application that includes in the plan of financing any encumbrance of the operating reserves or renewal and replacement reserves required by Chapter 651, Florida Statutes.



**Section III-11 Escrow Agreements**

Submit draft escrow agreements in compliance with Sections 651.0215, 651.023, 651.033, and 651.035, Florida Statutes. The following escrow agreements should be included:

- Entrance fee escrow agreement
- Seven-day escrow agreement
- Minimum liquid reserve escrow agreements
  - Debt Service Reserve
  - Operating Reserve
  - Renewal and Replacement Reserve

A provider may submit a statement that it intends to deposit its minimum liquid reserves with the Department of Financial Services Bureau of Collateral Management pursuant to Section 651.033(1)(a), Florida Statutes, in lieu of submitting a minimum liquid reserve escrow agreement. If, after licensure, Applicant wishes to establish a minimum liquid reserve escrow account, they may submit an escrow agreement in REFS for review and approval. Escrow accounts may not be established without the prior written approval of the escrow agreement by the Office pursuant to Section 651.033(1)(c), Florida Statutes

Note that if the Applicant will have outstanding indebtedness that requires a debt service reserve to be held in escrow pursuant to a trust indenture or mortgage lien on the facility and for which the debt service reserve may only be used to pay principal and interest payments on the debt that the debtor is obligated to pay, pursuant to Section 651.035(1)(b), Florida Statutes, such an escrow account may be included in the debt service portion of its minimum liquid reserves. Please explain if Applicant will have such a debt service reserve and provide supporting documentation.

After licensure, for such an account to be applied to debt service reserves, the provider must furnish a copy of the agreement under which such debt service is held and a statement of the amount being held in escrow for the debt service reserve certified by the lender or trustee and the provider to be correct.

**Section III-12 Continuing Care Contracts**

Provide copies of each continuing care contract, reservation agreement, waitlist agreement, and addendum, to be entered into between the Applicant and residents, which must meet the minimum requirements of 651.022, 651.023, 651.055, and 651.061 Florida Statutes. The contracts must include a statement describing the procedures required by law relating to the release of escrowed entrance fees. Such a statement may be furnished through an addendum.

## **APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

If Applicant will offer personal services or nursing services through written contractual agreement, the contractual agreement to provide personal services or nursing services must be disclosed in the contract for continuing care.

Please note that continuing care contracts must be approved by the Office before use. Review and approval of the continuing care contract forms, reservation agreements, and addendums to such agreements is independent of the application process. To begin this review process, contract forms must also be submitted for review through the IRFS portal. Such contracts may be submitted through the portal after the application has been accepted by the Office.

### **Section III-13 Contractors, Vendors, Services, and Other Agreements**

Furnish copies of any agreements whereby the Applicant accepts obligations, debts, and encumbrances which would affect the facility.

Submit copies of any contract entered into or to be entered into by the Applicant in relation to marketing, construction, or long-term financing, leases of land or property, or management of the facility and the provision of shelter, food, and health care to residents. For example, management agreements, leases, development agreements, etc.

Please indicate if any person whose name is required to be provided in this application pursuant to Section 651.022(2)(b)1.-10., Florida Statutes, owns any interest in or receives any remuneration from, 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 \$10,000 USD or more.

If so, provide the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held; describe such goods, leases, or services, the probable cost to the facility or provider; and why such goods, leases, or services should not be purchased from an independent entity. Explain whether the contract or arrangement is the result of arms-length negotiations, a bid, or otherwise. If no person meets these conditions, please provide a statement to that effect.

Additionally, furnish copies of any other agreements referenced in this filing.

### **Section III-14 Advertisements**

Furnish the form of any advertisement or other written material proposed to be used in the solicitation of residents.

## SECTION IV - MANAGEMENT

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

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the management, ownership, and control of Applicant up to and including any 10% or greater shareholders 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 each officer, director, and 10% or greater owner of the entity named on the form.

### **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 (NAIC Form 11) for each officer, director, and shareholder listed in Section IV-1. Applicant may omit officers, directors, and shareholders of those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit 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 need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained. Please note Item 8 of the NAIC Biographical Affidavit requires 20 years of employment history.

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 entities 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

**Form OIR-C1-471**  
**Rev.: 04/24**  
**Rule 69O-136.100**

**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.

**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.

CHECKLIST

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

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.**

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

**SECTION I – APPLICATION FORM AND FEES**

- 1. Application fee paid
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Application certification and checklist

**CHECKLIST**

**SECTION II - LEGAL**

- 1. Authorization Letter
- 2. Organizational Documents
  - a. Certified by the Secretary of State (if applicable)
- 3. Bylaws (or equivalent document)
  - a. Certified by corporate Secretary
- 4. Certificate of Status
- 5. Fictitious Name Filing (if applicable)
- 6. Parent Companies and Controlling Partners
  - a. Organizational Documents
    - i. Certified by the Secretary of State (if applicable)
  - b. Bylaws
    - ii. Certified by corporate Secretary
  - c. Certificates of Status
  - d. Fictitious Name Filings (if applicable)
- 7. Organizational Charts
  - a. Complete charts showing all parent, holding, affiliate, and subsidiary companies
  - b. With ownership percentages
- 8. Service of Process Form (Form OIR-C1-144)

CHECKLIST

SECTION III – FINANCIAL

- 1. Plan of Operations
- 2. Interrogatories, Exhibit III-2
- 3. Quarterly Financial Statements
  - a. Applicant's most recent unaudited quarterly financial statements
  - b. Most recent unaudited quarterly financial statements for affiliate or controlling company, if required (see directions in III-3)
- 4. Annual Financial Statements
  - a. Applicant's most recent annual financial statements, audited if available
  - b. Most recent annual financial statements or audit for affiliate or controlling company, if required (see directions in III-4)
- 5. Applicant's History in the Industry
  - a. Brief history of the company since its incorporation
  - b. History in Florida
  - c. Management experience of individuals
  - d. Experience of controlling companies and management companies
  - e. Detailed listing of continuing care experience
  - f. Audited financial reports of comparable facilities
- 6. Proof of Ownership, Right to Operate, or Manage

**APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

7. Feasibility Study

a. Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the proposed facility, including:

The location	pg _____
The size	pg _____
The healthcare delivery system	pg _____
Anticipated completion date	pg _____
Proposed construction program	pg _____
The primary market area	pg _____
The secondary market area, if applicable	pg _____
Projected unit sales per month	pg _____
Projected revenues, including:	pg _____
Anticipated entrance fees	pg _____
Monthly service fees	pg _____
Nursing care revenues, if applicable	pg _____
Other sources of revenue	pg _____
Projected expenses, including:	pg _____
Staffing requirements and salaries	pg _____
Cost of property, plant, and equipment	pg _____
Depreciation expense	pg _____
Interest expense	pg _____
Marketing expense	pg _____
Other operating expense	pg _____
Projected balance sheet of the Applicant	pg _____
Expectations for the financial condition of the project, including:	pg _____
Projected cash flow statement	pg _____
Estimate of funds necessary to cover startup losses	pg _____
Inflation factor, if any, and a statement of how and where it is applied	pg _____
Project costs	pg _____
Total amount of debt financing required	pg _____



**APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

Marketing activities, including: pg \_\_\_\_\_  
    Marketing projections pg \_\_\_\_\_  
Resident rates, fees, and charges pg \_\_\_\_\_  
The breakeven point pg \_\_\_\_\_  
The competition pg \_\_\_\_\_  
Resident contract provisions, including: pg \_\_\_\_\_  
    The projected amount of contractual liability attributable to refundable contracts pg \_\_\_\_\_  
Any other factors that may affect the feasibility of the facility pg \_\_\_\_\_  
Appropriate population projections, including: pg \_\_\_\_\_  
    Morbidity assumptions pg \_\_\_\_\_  
    Mortality assumptions pg \_\_\_\_\_  
Any other assumptions used in the study pg \_\_\_\_\_  
The name of the person who prepared the feasibility study and their experience  
in preparing similar studies or otherwise consulting in the field of continuing care pg \_\_\_\_\_

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study.

- 8.** Financial Ratio Projections
  - a.** Days cash on hand
  - b.** Debt service coverage ratio
  - c.** Occupancy
- 9.** Minimum Liquid Reserve Projections
  - a.** Debt Service Reserve
  - b.** Operating Reserve
  - c.** Renewal and Replacement Reserve
- 10.** Funding Plan and Supporting Documents
  - a.** Sources and Uses of Funds
  - b.** Financing agreements
  - c.** Bond documents (if applicable)

**APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

- 11. Escrow Agreements**
  - a. Entrance fee escrow agreement**
  - b. Seven-day escrow agreement**
  - c. Minimum liquid reserve escrow agreements**
    - i. Debt Service Reserve**
    - ii. Operating Reserve**
    - iii. Renewal and Replacement Reserve**
- 12. Continuing Care Contracts**
  - a. Continuing care contracts**
  - b. Reservation agreements**
  - c. Waitlist agreements**
  - d. Addendums**
- 13. Contractors, Vendors, Services, and Other Agreements**
  - a. Marketing agreements**
  - b. Development or construction contracts**
  - c. Construction or long-term financing agreements**
  - d. Leases of land or property**
  - e. Management agreements**
  - f. Contracts related to the provision of the following to residents**
    - i. Shelter**
    - ii. Food**
    - iii. Health care to residents**
  - g. Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes**
- 14. Advertisements**

CHECKLIST

SECTION IV – MANAGEMENT

- 1. Management Information Form submitted for all required entities (Form OIR-C1-2221)
- 2. Biographical affidavits submitted for all required individuals (Form OIR-C1-1423)
  - a. All information completed (no blanks)
  - b. "Yes" answers explained
  - c. Signed
  - d. 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

EXHIBIT III-2  
INTERROGATORIES

1. The Applicant is:

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Home Office Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

2. The contact person for the Applicant is:

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. The continuing care facility that is the subject of this application is:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

4. The number and type of units at the proposed facility is as follows:

- \_\_\_\_\_ Independent living units
- \_\_\_\_\_ Assisted living units
- \_\_\_\_\_ Sheltered skilled nursing beds
- \_\_\_\_\_ Community skilled nursing beds
- \_\_\_\_\_ Rental units
- \_\_\_\_\_ Total units

**APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

5. Health care will be provided:  
 by the Applicant  
 by an affiliate, pursuant to contract  
 by a third-party, pursuant to contract

6. Health care will be provided (check one):  
 on-site  
 off-site

7. The assisted living or skilled nursing facilities proposed to provide care to residents are:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

8. Identify the entity that has or will apply for the proposed nursing bed "Certificate of Need" with the Florida Agency for Health Care Administration:

Provider Name: \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

9. The total number of sheltered skilled nursing beds proposed is: \_\_\_\_\_.

10. The total number of community skilled nursing beds proposed is: \_\_\_\_\_.

11. Will the Applicant own or lease the facility?

own  
 lease

12. Will the Applicant employ a management company to operate the facility?

yes  
 no

If yes, submit a copy of the agreement, which must comply with Section 651.1151, Florida Statutes, in Section III-13. Submit the information required in Section IV – Management, for the management company, including complete biographical information for all owners, officers, and directors of the management company.

**APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

- 13.** Pursuant to Section 651.022(2)(b), Florida Statutes, please attach a listing the full names, residences, and business addresses of each of the following:
- a.** The proprietor, if the Applicant or provider is an individual.
  - b.** Every 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.
  - c.** 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.
  - d.** The corporation and each officer and director thereof, if the Applicant or provider is a corporation.
  - e.** Every trustee and officer, if the Applicant or provider is a trust.
  - f.** The manager, whether an individual, corporation, partnership, or association.
  - g.** Any stockholder holding at least a 10% interest in the operations of the facility in which the care is to be offered.
  - h.** Any person whose name is required to be provided in the application under this paragraph and who owns any interest in or receives any remuneration from, 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 \$10,000 or more, and the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held. The Applicant shall describe such goods, leases, or services and the probable cost to the facility or provider and shall describe why such goods, leases, or services should not be purchased from an independent entity.
  - i.** Any person, corporation, partnership, association, or trust owning land or property leased to the facility, along with a copy of the lease agreement.
  - j.** Any affiliated parent or subsidiary corporation or partnership.

**APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

- 14.** Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:
- a.** Been convicted of a felony or pleaded nolo contendere to a felony charge, been held liable or enjoined in a civil action by final judgement, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property?  
\_\_\_\_\_ yes  
\_\_\_\_\_ no
  - b.** Is such a proceeding currently pending?  
\_\_\_\_\_ yes  
\_\_\_\_\_ no
  - c.** If so, provide a certified copy of the complaint and the final adjudication by the recording public official.
- 15.** Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:
- a.** Subject to a currently effective injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, an action affecting a license under Chapters 400 or 429, Florida Statutes?  
\_\_\_\_\_ yes  
\_\_\_\_\_ no
  - b.** If so, provide a certified copy of the complaint and the final adjudication by the recording public official.
- 16.** The Applicant's fiscal year-end is: \_\_\_\_\_.

**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 this application submitted to the Florida Office of Insurance Regulation by \_\_\_\_\_ (“Applicant”), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have acted executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, 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, or similar persons with the authority to bind Applicant, will be accepted only if the Applicant does not have these positions.





**Florida Office of Insurance Regulation**

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**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A  
CONTINUING CARE PROVIDER**

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 at the following link:

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

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

**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

**INSTRUCTIONS**

**SECTION I - APPLICATION FEES**

**Section I-1          Application Fees**

Applicant must pay the application fee of \$75 U.S. Dollars (“USD”) pursuant to Section 651.015(2)(a), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

**Section I-2          Fingerprint Processing 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.

# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

## SECTION II – LEGAL

### **Section II-1            Authorization Letter**

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

### **Section II-2            Certificate of Status**

Submit a certificate of status 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            Changes to Any Previously Submitted Legal Documents**

If there have been any revisions, amendments, or other changes to the Section II – Legal documents filed with the Provisional Certificate of Authority (“PCOA”) application (Form OIR-A3-471) please submit the revised documents or amendments. If the revised documents or amendments required certification in the PCOA application, a properly certified document or amendment should be provided. If none of the documents provided with the PCOA application have been revised, amended, or otherwise changed, submit a statement that there have been no revisions, amendments, or other changes to the Section II – Legal documents provided with the PCOA application and that there are no new documents to submit.

# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

## SECTION III - FINANCIAL

### **Section III-1 Feasibility Study**

Submit an independent feasibility study that complies with the requirements of Section 651.023(1)(b), Florida Statutes. The Application Checklist below lists the required components of the feasibility study.

The provider may submit any other information it deems relevant and appropriate to enable the Office to make a more informed determination. If such information is submitted, please provide an explanation of why the additional information is relevant and appropriate for the Office to consider in reviewing the application filing.

### **Section III-2 Changes to Any Previously Submitted Financial Documents**

If there have been any revisions, amendments, or other changes to the Section III – Financial documents filed with the Provisional Certificate of Authority (“PCOA”) application (Form OIR-C1-471) please submit the revised documents or amendments. If none of the documents provided with the PCOA application have been revised, amended, or otherwise changed, submit a statement that there have been no revisions, amendments, or other changes to the Section III – Financial documents provided with the PCOA application and that there are no new documents to submit.

### **Section III-3 Financing Plan Documentation**

Submit documents evidencing that commitments have been secured for both construction financing and long-term financing, or that a documented plan acceptable to the Office has been adopted by the Applicant for long-term financing.

Please provide financing agreements, commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters that describe the proposed plan for the financing and funding plan for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing each agreement and a timeline of when the agreements are expected to be executed.

If bonds are to be issued in connection with the project, submit the official statement used in connection with the proposed bond issue, a copy of the bond indenture, and a sample form of the bond. Submit drafts if final versions are not yet available. The final documents will be due to the Office within 30 days after the bonds are issued.

## APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

### **Section III-4            Satisfaction of Lending Conditions**

For projects financed in whole or part by one or more lenders, whether affiliated or third-party, submit documentation from the lender(s) that all conditions of the lender have been satisfied to activate the commitment to disburse funds. The lender should explain any other conditions precedent to the disbursement of funds. This requirement does not apply to projects financed by public bond issue.

### **Section III-5            Sufficiency of Funds**

Submit documents evidencing 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 at least 100% of the aggregate cost of construction or purchasing, equipping, and furnishing the facility plus 100% of the anticipated startup losses of the facility.

Submit documents evidencing that Applicant will be able to comply with the minimum liquid reserve requirements of Section 651.035, Florida Statutes.

### **Section III-6            Audited Annual Financial Statements**

Submit a complete audited financial report 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 the application, whichever is later.

If Applicant relies on funding from an affiliate or controlling company, provide the most recent annual financial statements or audit for that entity as well.

### **Section III-7            Unaudited Quarterly Financial Statements**

Submit complete unaudited quarterly financial statements attested to by the Applicant for each quarter after the date of the last audit.

### **Section III-8            Escrow Statements**

Submit documents evidencing that the Applicant has complied with the escrow requirements of Section 651.023(5), Florida Statutes, and will be able to comply with Section 651.035, Florida Statutes. Statements should be dated within 1 month of the filing date of the Application.

## APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

### **Section III-9          Reservation Deposit Requirement**

Submit documentation evidencing that the project has a minimum of 30% of the units reserved for which the provider is charging an entrance fee. The Office may not issue a Certificate of Authority until it has received documentation evidencing that a minimum of 50% of the units have been reserved.

In order for a unit to be considered reserved, the provider must collect a minimum deposit of the lesser of \$40,000 USD or 10% of the then-current entrance fee for that unit. Initial entrance fee means the total entrance fee charged by the facility to the first occupant of a unit.

As evidence of meeting the reservation deposit requirement, please submit a schedule detailing each unit reservation. For each reservation, the schedule should include the name(s) of the payor or resident(s), the unit being reserved, the price of the care contract, and the amount of money paid, and the date the reservation contract was executed. The schedule should also include the percentage of units that have been reserved.

The schedule should be supported by one or more entrance fee escrow statement(s) submitted as part of Applicant's response to Section III-8. The entrance fee escrow statement(s) need not include every item detailed in the schedule, but should provide enough detail for the Office to substantiate the accuracy of the schedule. For example, the escrow statement may include the amount of funds in escrow broken down by the name(s) of the payor or resident(s) or unit number. If the statement issued by the escrow agent is not sufficient to verify the individual reservations submitted in the schedule, Applicant may submit other documentation providing sufficient detail that is certified by the escrow agent to be true and correct.

# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

## SECTION IV - MANAGEMENT

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

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the management, ownership, and control of Applicant up to and including any 10% or greater shareholders 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 each officer, director, and 10% or greater owner of the entity named on the form.

### **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 (NAIC Form 11) for each officer, director, and shareholder listed in Section IV-1. Applicant may omit officers, directors, and shareholders of those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit 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 need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained. Please note Item 8 of the NAIC Biographical Affidavit requires 20 years of employment history.

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 entities 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

## APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

### **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.

### **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 CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

**CHECKLIST**

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

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.**

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

**SECTION I – APPLICATION FORM AND FEES**

- 1. Application fee paid
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Application certification and checklist

**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

**CHECKLIST**

**SECTION II – LEGAL**

- 1. Authorization Letter
- 2. Certificate of Status
- 3. Updates or amendments to any previously submitted legal documents, or statement of no changes made and no documents to submit

Legal Documents Previously Submitted with PCOA Application (for reference):

- a. Organizational Documents
  - i. Certified by the Secretary of State (if applicable)
- b. Bylaws
  - i. Certified by corporate Secretary
- c. Certificate of Status
- d. Fictitious Name Filing (if applicable)
- e. Parent Companies and Controlling Partners
  - i. Organizational Documents
    - Certified by the Secretary of State (if applicable)
  - ii. Bylaws
    - Certified by corporate Secretary
  - iii. Certificate of Status
  - iv. Fictitious Name Filing (if applicable)
  - v. Organizational Charts
    - With ownership percentages
- f. Service of Process Form

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

CHECKLIST

SECTION III – FINANCIAL

- 1. Feasibility Study
- a. Prepared by an independent certified public accountant or an independent consulting actuary
- b. Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the proposed facility, including:

The location	pg _____
The size	pg _____
The healthcare delivery system	pg _____
Anticipated completion date	pg _____
Proposed construction program	pg _____
The primary market area	pg _____
The secondary market area, if applicable	pg _____
Projected unit sales per month	pg _____
Projected revenues, including:	pg _____
Anticipated entrance fees	pg _____
Monthly service fees	pg _____
Nursing care revenues, if applicable	pg _____
Other sources of revenue	pg _____
Projected expenses, including:	pg _____
Staffing requirements and salaries	pg _____
Cost of property, plant, and equipment	pg _____
Depreciation expense	pg _____
Interest expense	pg _____
Marketing expense	pg _____
Other operating expense	pg _____
Projected balance sheet of the Applicant	pg _____
Expectations for the financial condition of the project, including:	pg _____
Projected cash flow statement	pg _____
Estimate of funds necessary to cover startup losses	pg _____

**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

Inflation factor, if any, and a statement of how and where it is applied pg \_\_\_\_\_

Project costs pg \_\_\_\_\_

Total amount of debt financing required pg \_\_\_\_\_

Marketing activities, including: pg \_\_\_\_\_

    Actual marketing results to date pg \_\_\_\_\_

    Marketing projections pg \_\_\_\_\_

Resident rates, fees, and charges pg \_\_\_\_\_

The breakeven point pg \_\_\_\_\_

The competition pg \_\_\_\_\_

Resident contract provisions, including: pg \_\_\_\_\_

    The projected amount of contractual liability attributable to refundable contracts pg \_\_\_\_\_

Any other factors that may affect the feasibility of the facility pg \_\_\_\_\_

Appropriate population projections, including: pg \_\_\_\_\_

    Morbidity assumptions pg \_\_\_\_\_

    Mortality assumptions pg \_\_\_\_\_

Any other assumptions used in the study pg \_\_\_\_\_

The name of the person who prepared the feasibility study and their experience  
in preparing similar studies or otherwise consulting in the field of continuing care pg \_\_\_\_\_

Financial forecasts or projections prepared in accordance with standards  
adopted by the American Institute of Certified Public Accountants or in  
accordance with standards for feasibility studies for continuing care retirement  
communities adopted by the Actuarial Standards Board pg \_\_\_\_\_

If the study is prepared by an independent certified public accountant, it  
must contain an examination opinion or a compilation report containing a  
financial forecast or projections for the first 5 years of operations which  
take into account an actuary's mortality and morbidity assumptions as the  
study relates to turnover, rates, fees, and charges. pg \_\_\_\_\_

## APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

If the study is prepared by an independent consulting actuary, it must contain mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges and an actuary's signed opinion that the project as proposed is feasible and that the study has been prepared in accordance with standards adopted by the American Academy of Actuaries.

pg \_\_\_\_\_

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study.

2. Updates of amendments to any previously submitted financial documents, or statements of no changes made and no documents to submit

### Financial Documents Previously Submitted with PCOA Application (for reference):

- a. Plan of Operation
- b. Interrogatories
- c. Applicant's History in the Industry
  - i. Brief history of the company since its incorporation.
  - ii. History in Florida
  - iii. Management experience of individuals
  - iv. Experience of controlling company and management company
  - v. Detailed listing of continuing care experience
  - vi. Audited financial reports of comparable facilities
- d. Proof of Ownership, Right to Operate, or Manage
- e. Financial Ratio Projections
  - i. Days cash on hand
  - ii. Occupancy
  - iii. Debt service coverage ratio
- f. Minimum Liquid Reserve Projections
  - i. Debt Service Reserve
  - ii. Operating Reserve
  - iii. Renewal and Replacement Reserve
- g. Escrow Agreements
  - i. Entrance fee escrow agreement
  - ii. Seven-day escrow agreement
  - iii. Minimum liquid reserve escrow agreements
    - 1. Debt Service Reserve
    - 2. Operating Reserve
    - 3. Renewal and Replacement Reserve

## APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

- h. Continuing Care Contracts**
  - i. Continuing care contracts**
  - ii. Reservation agreements**
  - iii. Waitlist agreements**
  - iv. Addendums**
- i. Contractors, Vendors, Services, and Other Agreements**
  - i. Marketing agreements**
  - ii. Development or construction contracts**
  - iii. Construction or long-term financing agreements**
  - iv. Leases of land or property**
  - v. Management agreements**
  - vi. Contracts related to the provision of the following to residents**
    - 1. Shelter
    - 2. Food
    - 3. Health care to residents
  - vii. Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes**
- j. Advertisements**

- 3. Financial Plan documentation**
- 4. Satisfaction of lending conditions**
- 5. Sufficiency of funds**
- 6. Annual financial statements**
  - a. Complete audited financial report**
  - b. Prepared by an independent certified public accountant**
- 7. Quarterly statements**
  - a. Complete unaudited quarterly statements since date of last audit**
  - b. Attested to by Applicant**
- 8. Escrow statements**
- 9. Reservation deposit requirement**
  - a. Schedule of deposits**
  - b. Escrow statement or supporting documentation**

**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

**CHECKLIST**

**SECTION IV – MANAGEMENT**

- 1. Management Information Form submitted for all required entities (Form OIR-C1-2221)
- 2. Biographical affidavits submitted for all required individuals (Form OIR-C1-1423)
  - a. All information completed (no blanks)
  - b. "Yes" answers explained
  - c. Signed
  - d. 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 CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

**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 this application submitted to the Florida Office of Insurance Regulation by \_\_\_\_\_ (“Applicant”), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have acted executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, 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, or similar persons with the authority to bind Applicant, will be accepted only if Applicant does not have these positions.





**Florida Office of Insurance Regulation**

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**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID HEALTH CLINIC**

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 Company Admissions – iApply Login at the following link:

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

Any questions concerning this application packet or iApply for Life and Health applicants may be directed to [lhappcoord@floir.com](mailto:lhappcoord@floir.com).

**APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC**

**Statutory Authority**

S. 641.405(1)

Pursuant to Chapter 641, Part III, Florida Statutes, application is hereby made to operate a Prepaid Health Clinic.

Proposed name of Prepaid Health Clinic ("PHC"):

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FEIN: \_\_\_\_\_

How long has the PHC been in operation? (specify beginning date): \_\_\_\_\_

Please be specific in your answers and provide supporting documentation for each item. The items are as follows:

# APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC

## ORGANIZATIONAL

### Statutory Authority

1. S. 641.405(2)(f) Enclose a copy of the Health Care Provider Certificate, as issued by the Agency for Health Care Administration or evidence that application has been made for a Health Care Provider Certificate.
2. S. 641.412(1)(a) Non-refundable Application filing fee of \$150.
3. S. 641.405(2)(a) A copy of the PHC's basic organizational documents including Articles of Incorporation, Articles of Association, Partnership Agreement(s), Trust Agreement, or other applicable documents and all amendments thereto.
4. S. 641.405(2)(a) If the proposed PHC is already incorporated, a copy of the Certificate of Incorporation as filed with the Secretary of State.
5. S. 641.405(2)(b) A copy of the proposed PHC's Bylaws, Rules or Regulations, or similar form of document.
6. S. 641.405(2)(c) A list of names, addresses, and official capacities of all persons who are to be responsible for the conduct of the PHC's affairs including officers and directors, trustees, partners, and associates. Use Management Information Form OIR-C1-2221.
7. S. 641.406(7) A list of the owners of the PHC, including the number of shares of stock or ownership interest of each person.
8. S. 641.406(7) Complete biographical information, to be submitted Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, Form OIR-C1-1423, on all persons controlling 10% or more of the ownership interest of the PHC, and all officers, directors, trustees, partners, or associates of the Prepaid Health Clinic.

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,

**OIR-C1-483**

**Rev.: 04/24**

**Rule: 690-136.100**

# APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC

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 or more.

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 Form OIR-C1-1423 that is also included in this packet.

- 9. S. 641.405(2)(c)** Copies of all contracts, past or current, between the PHC and any person listed in item "6", or with any entity of which any of these persons is an officer, director, partner, trustee, or associate, in which he or any member of his family owns 10% or more of stock or other financial interest including any possible conflicts of interest.
- 10. S. 641.406(7)** Documentary evidence that the governing body of the PHC has designated a qualified administrator to manage the PHC's operations. This should include a resume of the administrator.

## CONTRACTUAL

- 11. S. 641.405(2)(e)** One copy of every contract, rider, endorsement, certificate, application, or other form the PHC proposes to offer to its subscribers. Follow the list of requirements for individual and group contracts enclosed in this application kit, as well as the requirements in the law concerning the definition of basic services and for PHC contracts. Every subscriber contract must be identified by a unique form number located on the lower left corner of each page of the contract.
- 12. S. 641.427** A list of the reasons for which the PHC can terminate a subscriber's contract and the reasons for which the subscriber can terminate his or her contract.

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**Rule: 690-136.100**

## APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC

13. S. 641.405(2)(e) A table of rates proposed to be charged for each form of subscriber contract.
14. S. 641.42(5) A complete description of the procedure established for handling subscriber grievances.

### MARKETING

15. S. 641.405(2)(d) A statement generally describing the clinic and its operations.
16. S. 641.441 A copy of all advertising to be used or currently in use. This includes print advertising and scripts for TV or radio advertising.
17. S. 641.406(4) A complete explanation of the manner in which the PHC will merchandise subscriber contracts.
18. S. 641.405(2)(c) A list of the names and addresses of all sales representatives.

### FINANCIAL

19. S. 641.406(6) Executed copies of the insurance policies covering general liability and medical malpractice insurance for the PHC.
20. S. 641.406(6) An executed copy of the PHC's fidelity bond covering employee dishonesty.
21. S. 641.406(6) If the PHC has secured catastrophic or back-up insurance coverage (reinsurance for the excess loss coverage), you are required to submit executed copies of the policy or policies.
22. S. 641.405(2)(g) A current financial statement, including all assets and liabilities of the PHC, also contingent liabilities, unpaid obligations, and actions or suits pending against or anticipated, prepared on the basis of generally accepted accounting principles
23. S. 641.407 A statement of the proposed initial working capital reserves of the PHC.
24. S. 641.405(2)(9) If your group is already operating as a clinic, a profit and loss statement and balance sheet for the past three years.

## APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC

- 25.** S. 641.405(2)(g) If your group has not been operating as a PHC, a pro-forma (projected) operating statement for the first year and a projected balance sheet (statement of financial position) at the end of the first year
- 26.** S. 641.406(3) The method in which the PHC shall comply with the minimum surplus requirement of Section 641.407, Florida Statutes.
- 27.** S. 641.405(2)(g) A cash flow analysis of the PHC for the period until the PHC shows three months of profitability. (If the PHC is already profitable, provide one year analysis).
- 28.** S. 641.409(1)(a)  
S. 641.409(1)(b)  
S. 641.409(3) The method in which the PHC shall comply with the minimum surplus requirement of Section 641.409, Florida Statutes. All PHCs must make a deposit with the Office of Insurance Regulation in the amount of \$30,000. Also, PHCs must purchase insurance or a surety bond in the amount acceptable to the Office, which shall cover the subscribers in the event of insolvency of the PHC.
- 29.** S. 641.406(2) An actuarial analysis of the rates of the PHC, showing that the proposed rates are actuarially sound for the benefits provided, including administrative costs.
- 30.** S. 641.43 Written contracts identifying each physician or physician group that will be providing service to PHC subscribers. Such contracts must include the hold-harmless clause for subscribers which is required by Section 641.43, Florida Statutes.

**APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC**

**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 a Certificate of Authority as a Prepaid Health Clinic; 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.



## **Florida Office of Insurance Regulation**

### **APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

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 at the following link:

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

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



# APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY

## INSTRUCTIONS

A provider is only required to file this application for approval of an expansion in the following circumstances:

- (1) The expansion is equivalent to the addition of at least 20% of existing units, and the provider has not exceeded the current statewide median for days cash on hand, debt service coverage ratio, and total facility occupancy for the most recent two consecutive annual reporting periods, or
- (2) For a provider that has exceeded the current statewide median for days cash on hand, debt service coverage ratio, and total facility occupancy for the most recent two consecutive annual reporting periods, the expansion is equivalent to an increase greater than 35% of existing units.

Existing units means the sum of the total number of independent living units and assisted living units identified in the most recent annual report filed with the Office, pursuant to Section 651.026, Florida Statutes. Skilled nursing units should not be included in the calculation. Note that these expansion approval requirements do not apply to construction for which a certificate of need from the Agency for Health Care Administration is required.

If the provider exceeds the statewide median for days cash on hand, debt service coverage ratio, and total facility occupancy for the most recent two consecutive annual reporting periods, the provider is automatically granted approval to expand the total number of existing units by up to 35% upon submitting a letter to the Office indicating the total number of planned units in the expansion, the proposed sources and uses of funds, and an attestation that the provider understands and pledges to comply with all minimum liquid reserve and escrow account requirements.

The statewide median for days cash on hand, debt service coverage ratio, and total facility occupancy is the median calculated in the most recent annual report submitted by the Office to the Continuing Care Advisory Council pursuant to Section 651.121(8), Florida Statutes.

# APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY

## SECTION I – FEES

### **Section I-1**            **Fingerprint Processing 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 II – LEGAL

### **Section II-1**            **Authorization Letter**

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

### **Section II-2**            **Certificate of Status**

Submit a certificate of status 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**            **Changes to Any Previously Submitted Legal Documents**

If there have been any revisions, amendments, or other changes to previously filed legal documents (listed in the Checklist under Legal) and those documents have not been submitted to the Office, please submit the revised documents or amendments. If the revised documents or amendments required certification, a properly certified document or amendment should be provided. If none of the previously provided documents have been revised, amended, or otherwise changed, submit a statement that there have been no revisions, amendments, or other changes to any previously provided legal documents and that there are no new documents to submit.

# APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY

## SECTION III – FINANCIAL

### **Section III-1 Plan of Operations**

Submit a general summary of the plan of operations of Applicant. The plan should include management structure, healthcare delivery system, and a description of the types of continuing care contracts offered, including health care benefits and refundable contract options. Be sure to include a description of the facility after the expansion and any changes to the healthcare delivery system. This plan should be consistent with the feasibility study.

### **Section III-2 Interrogatories**

Submit complete responses to all interrogatories attached as Exhibit III-2.

### **Section III-3 Feasibility Study**

Submit an independent feasibility study that complies with the requirements of Section 651.0246(2)(a), Florida Statutes. The Application Checklist below lists the required components of the feasibility study.

The provider may submit any other information it deems relevant and appropriate to enable the Office to make a more informed determination. If such information is submitted, please provide an explanation of why the additional information is relevant and appropriate for the Office to consider in reviewing the application filing.

### **Section III-4 Financial Ratio Projections**

Please provide a projected days cash on hand, occupancy, and debt service coverage ratio calculations for the first 5 years of operations of the expansion. Please explain when the provider anticipates meeting the minimum requirements provided in Sections 651.011(15) or 651.011(25), Florida Statutes. These projections should be consistent with the feasibility study.

### **Section III-5 Minimum Liquid Reserve Projections**

Provide a projected calculation of the facility's minimum liquid reserves for the first 5 years of operations of the expansion and a description of how Applicant will fund the minimum liquid reserves. These projections should be consistent with the feasibility study.

### **Section III-6 Funding Plan and Supporting Documents**

Furnish a Sources and Uses of Funds statement explaining the projects proposed method of financing and disclosing all sources and all uses of funds to be used to develop the expansion. The statement should describe construction and long-term financing for the facility.

## **APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

Please provide available documentation regarding the Sources and Uses of Funds statement. This includes financing commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters regarding funding for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force. If no such documents exist at this time, please provide a statement that such documentation is not available at this time.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing the various agreements and a timeline of when the agreements are expected to be executed.

Note that the aggregate amount of entrance fees received by or pledged to the Applicant, plus anticipated proceeds from any long-term financing commitment, and funds from all other sources in the actual possession of the Applicant, must equal at least 100% of the aggregate cost of constructing or purchasing, equipping, and furnishing the facility plus 100% of the anticipated startup losses of the expansion.

Note that the Office may not approve an application that includes in the plan of financing any encumbrance of the operating reserves or renewal and replacement reserves required by Chapter 651, Florida Statutes.

### **Section III-7            Escrow Agreements**

Submit draft escrow agreements for any new escrow account that will be established in connection with the proposed expansion. If the Applicant will use existing escrow accounts to meet the requirements of Sections 651.0246 and 651.035, Florida Statutes, please indicate which accounts will be used.

Note that in order to secure initial reservation deposits and entrance fees in accordance with Sections 651.0246(3) and (4), Florida Statutes, reservation deposits and entrance fees associated with the expansion should be held in a separate account or subaccount than funds received for existing units.

If the provider will have outstanding indebtedness related to the expansion that requires a debt service reserve to be held in escrow pursuant to a trust indenture or mortgage lien on the facility and for which the debt service reserve may only be used to pay principal and interest payments on the debt that the debtor is obligated to pay, pursuant to Section 651.035(1)(b), Florida Statutes, such an escrow account may be included in its debt service reserves. Please explain if Applicant will have such a debt service reserve related to the expansion and provide supporting documentation. After approval of the expansion, for such an account to be applied to debt service reserves, the provider must furnish a copy of the agreement under which such debt service is held and a statement of the amount being held in escrow for the debt service reserve certified by the lender or trustee and the provider to be correct.

## APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY

### **Section III-8 Continuing Care Contracts**

Provide copies of each continuing care contract, reservation agreement, waitlist agreement, and addendum, to be entered into between the Applicant and residents of the expansion, which must meet the minimum requirements of Sections 651.022, 651.023, 651.055, and 651.61 Florida Statutes, unless such contracts have previously been reviewed and approved by the Office. The contracts for the expansion must include a statement describing the procedures required by law relating to the release of escrowed entrance fees. Such a statement may be furnished through an addendum.

Please provide a listing of all the continuing care contracts currently offered at the facility.

Please note that continuing care contracts must be approved by the Office before use. Review and approval of the continuing care contract forms, reservation agreements, and addendums to such agreements is independent of the application process. Any new resident contract forms the Applicant intends to use regarding the expansion must also be submitted for review through the IRFS portal.

### **Section III-9 Contractors, Vendors, Services, and Other Agreements**

Furnish copies of any new agreements related to the expansion whereby the Applicant accepts obligations, debts, and encumbrances which would affect the facility.

Submit copies of any new contract entered into or to be entered into by the Applicant in relation to marketing, construction, long-term financing, leases of land or property, or management of the facility and the provision of shelter, food, and health care to residents. For example, management agreements, leases, development agreements, etc.

Please indicate if any person specified in Section 651.022(2)(b)1.-10., Florida Statutes, owns any interest in or receives any remuneration from, 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 \$10,000 USD or more.

If so, provide the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held; describe such goods, leases, or services; the probable cost to the facility or provider; and why such goods, leases, or services should not be purchased from an independent entity. Explain whether the contract or arrangement is the result of arms-length negotiations, a bid, or otherwise. If no person meets these conditions, please provide a statement to that effect.

Additionally, furnish copies of any other agreements referenced in this filing.

**APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

**Section III-10      Advertisements**

Furnish the form of any advertisement or other written material proposed to be used in the solicitation of residents.

# APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY

## SECTION IV – MANAGEMENT

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

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the management, ownership, and control of the provider up to and including any 10% or greater owners 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 each officer, director, and 10% or greater owner of the entity named on the form.

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

For individuals named on the Management Information Forms who have not previously submitted Biographical Affidavits, provide a Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each officer, director, and shareholder listed in Section IV-1. Applicant may omit officers, directors, and shareholders of those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit 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 need not be submitted for that individual.

All questions must be answered. All “Yes” answers must be explained. Please note Item 8 of the NAIC Biographical Affidavit requires 20 years of employment history.

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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

**Form: OIR-C1-2218**

**Rev.: 04/24**

**Rule 69O-136.100**

## **APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

### **Section IV-3 Background Investigative Report**

For individuals named on the Management Information Forms who have not previously submitted a Background Investigative Report, a Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background Investigative 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.

### **Section IV-4 Fingerprint Cards**

For individuals named on the Management Information Forms who have not previously submitted 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 EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

**CHECKLIST**

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

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.**

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

**SECTION I – Application & Fees**

- 1. All fingerprint fees paid electronically
- a. Copies of online payment confirmation
- 2. Application certification and checklist

**APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

**CHECKLIST**

**SECTION II – LEGAL**

- 1. Authorization Letter
- 2. Certificate of Status
- 3. Updates or amendments to any previously submitted legal documents, or statement of no changes made and no documents to submit

Legal Documents Previously Submitted (for reference):

- a. Organizational Documents
  - i. Certified by the Secretary of State (if applicable)
- b. Bylaws
  - i. Certified by corporate Secretary
- c. Certificate of Status
- d. Fictitious Name Filing (if applicable)
- e. Parent Companies and Controlling Partners
  - i. Organizational Documents
    - Certified by the Secretary of State (if applicable)
  - ii. Bylaws
    - Certified by corporate Secretary
  - iii. Certificate of Status
  - iv. Fictitious Name Filing (if applicable)
  - v. Organizational Charts
    - With ownership percentages
- f. Service of Process Form (Form OIR-C1-144)

APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY

CHECKLIST

SECTION III – FINANCIAL

- 1. Plan of Operations
- 2. Interrogatories, Exhibit III-2
- 3. Feasibility Study
  - a. Prepared by an independent certified public accountant
  - b. Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the facility and proposed expansion, including:	pg _____
The location	pg _____
The size	pg _____
The healthcare delivery system	pg _____
The anticipated completion date	pg _____
The proposed construction program	pg _____
The primary market area	pg _____
The secondary market area, if applicable	pg _____
Projected unit sales per month	pg _____
Projected revenues, including:	pg _____
Anticipated entrance fees	pg _____
Monthly service fees	pg _____
Nursing care revenues, if applicable	pg _____
Other sources of revenue	pg _____
Projected expenses, including:	pg _____
Staffing requirements and salaries	pg _____
Cost of property, plant, and equipment	pg _____
Depreciation expense	pg _____
Interest expense	pg _____
Marketing expense	pg _____
Other operating expense	pg _____
Projected balance sheet of the Applicant, including	pg _____
Expectations for the financial condition of the project, including	pg _____

**APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

Projected cash flow statement pg \_\_\_\_\_

Estimate of funds necessary to cover startup losses pg \_\_\_\_\_

Inflation factor, if any, and a statement of how and where it is applied pg \_\_\_\_\_

Project costs pg \_\_\_\_\_

Total amount of debt financing required pg \_\_\_\_\_

Marketing projections pg \_\_\_\_\_

Resident rates, fees, and charges pg \_\_\_\_\_

The breakeven point pg \_\_\_\_\_

The competition pg \_\_\_\_\_

Resident contract provisions, including: pg \_\_\_\_\_

    Description of contracts in-force at or offered by the facility pg \_\_\_\_\_

    Description of contracts to be offered related to the expansion pg \_\_\_\_\_

    Total amount of contractual liability attributable to refundable contracts pg \_\_\_\_\_

Other factors that may affect the feasibility of the facility pg \_\_\_\_\_

Appropriate population projections, including: pg \_\_\_\_\_

    Morbidity assumptions pg \_\_\_\_\_

    Mortality assumptions. pg \_\_\_\_\_

The assumptions used in the study, if any pg \_\_\_\_\_

The name of the person who prepared the feasibility study and their experience in preparing similar studies or otherwise consulting in the field of continuing care pg \_\_\_\_\_

Financial forecasts or projections prepared in accordance with standards adopted by the American Institute of Certified Public Accountants or in accordance with standards for feasibility studies for continuing care retirement communities adopted by the Actuarial Standards Board. pg \_\_\_\_\_

If the study is prepared by an independent certified public accountant, it must contain an examination opinion or a compilation report containing a financial forecast or projections for the first 5 years of operations which take into account an actuary's mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges. pg \_\_\_\_\_

## APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study

- 4. Financial Ratio Projections**
  - a.** Days cash on hand
  - b.** Debt service coverage ratio
  - c.** Occupancy
- 5. Minimum Liquid Reserve Projections and Funding**
  - d.** Debt Service Reserve
  - e.** Operating Reserve
  - f.** Renewal and Replacement Reserve
- 6. Funding Plan and Supporting Documents**
  - g.** Sources and Uses of Funds
  - h.** Financing agreements
  - i.** Bond documents (if applicable)
- 7. Escrow Agreements**
- 8. Continuing Care Contract**
- 9. Contractors, Vendors, Services, and Other Agreements**
  - a.** Marketing agreements
  - b.** Development or construction contracts
  - c.** Construction or long-term financing agreements
  - d.** Leases of land or property
  - e.** Management agreements
  - f.** Contracts related to the provision of the following to residents

**APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

- i. Shelter
- ii. Food
- iii. Health care to residents
- g. Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes
- 10. Advertisements

**APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

**CHECKLIST**

**SECTION IV – MANAGEMENT**

- 1. Management Information Forms submitted for all required entities (Form OIR-C1-2221)
- 2. Biographical affidavits submitted for all required individuals (Form OIR-C1-1423)
  - a. All information completed (no blanks)
  - b. "Yes" answers explained
  - c. Signed
  - d. 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 EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

**EXHBIT III-2**

**INTERROGATORIES**

1. The Applicant is:

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Home Office Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

2. The contact person for the Applicant is:

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. The continuing care facility that is the subject of this application is:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)



**APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

4. Please provide management’s calculation of the following measures, as defined by Chapter 651.011, Florida Statutes.

	<b>As of the Last Submitted Annual Report</b>	<b>As of the Prior Annual Report</b>
<b>Debt Service Coverage Ratio</b>		
<b>Days Cash on Hand</b>		
<b>Occupancy</b>		

5. As of the most recent annual report filed with the Office, provide the breakdown below of each type of unit at the facility.

	<b>Occupied – CCRC Contract</b>	<b>Occupied – Rental</b>	<b>Under Construction/ Unavailable for Occupancy</b>	<b>Vacant</b>	<b>Total</b>
<b>Independent Living</b>					
<b>Assisted Living (including Memory Care)</b>					
<b>Skilled Nursing</b>					

6. If one or more fiscal quarters have passed since the as of date of the most recent annual report filed with the Office, provide the breakdown below of each type of unit at the facility as of the most recent quarter.

	<b>Occupied – CCRC Contract</b>	<b>Occupied – Rental</b>	<b>Under Construction/ Unavailable for Occupancy</b>	<b>Vacant</b>	<b>Total</b>
<b>Independent Living</b>					
<b>Assisted Living (including Memory Care)</b>					
<b>Skilled Nursing</b>					

As of date for the information above: \_\_\_\_\_.

**APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

7. Provide the number of units to be constructed in all phases of the proposed expansion:

Unit Type	Number of Units
Independent Living	
Assisted Living	
Skilled Nursing	
Rental	

8. Will the expansion be built in phases?  Yes  No

If so, please provide a breakdown of the number of units to be added at each phase of the expansion. If more than three phases are contemplated, please attach a table showing the units to be added in each phase.

	Phase 1	Phase 2	Phase 3
Independent Living			
Assisted Living (including Memory Care)			
Skilled Nursing			

9. Office approval is required for the addition of at least 20% of existing units. Existing units means the sum of the total number of independent living units and assisted living units identified in the most recent annual report filed with the Office, pursuant to Section 651.026. Skilled nursing units should not be included in the calculation.

The expansion proposed in this application represents a \_\_\_% increase in existing units.

**APPLICATION FOR EXPANSION OF A CERTIFICATED CONTINUING CARE FACILITY**

**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 this application submitted to the Florida Office of Insurance Regulation by \_\_\_\_\_ ("Applicant"), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have acted executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, 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, or similar persons with the authority to bind Applicant, will be accepted only if the Applicant does not have these positions.

**Form OIR-C1-2218  
Rev.: 04/24  
Rule 690-136.100**



## **Florida Office of Insurance Regulation**

### **APPLICATION FOR THE SIMULTANEOUS ACQUISITION OF A CONTINUING CARE FACILITY AND ISSUANCE OF A CERTIFICATE OF AUTHORITY TO A PROVIDER**

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 at the following link:

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

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

**APPLICATION FOR THE SIMULTANEOUS ACQUISITION OF A CONTINUING CARE FACILITY  
AND ISSUANCE OF A CERTIFICATE OF AUTHORITY TO A PROVIDER**

**INSTRUCTIONS**

**SECTION I – APPLICATION FORM AND FEES**

**Section I-1            Application Fees**

Applicant must pay the acquisition application fee of \$75 U.S. Dollars (“USD”), pursuant to Section 651.015(2)(a), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

**Section I-2            Fingerprint Processing 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.

**APPLICATION FOR THE SIMULTANEOUS ACQUISITION OF A CONTINUING CARE FACILITY  
AND ISSUANCE OF A CERTIFICATE OF AUTHORITY TO A PROVIDER**

**SECTION II - LEGAL**

**Section II-1      Authorization Letter**

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

**Section II-2      Organizational Documents**

Submit a copy of Applicant's organizational documents or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, Association Membership Agreements, etc., 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. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

**Section II-3      Bylaws**

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. The 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, unless the Applicant does not have this position.

**Section II-4      Certificate of Status**

Submit a certificate of status 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-5      Fictitious Name Filing**

If the Applicant plans to utilize a fictitious name, provide documentation of compliance with Section 865.09, Florida Statutes, dealing with fictitious names.

**Section II-6      Parent Companies and Controlling Partners**

Provide complete organizational documents as required in Sections II-2 and II-5 for all entities controlling the Applicant upward to the ultimate controlling entity.

**APPLICATION FOR THE SIMULTANEOUS ACQUISITION OF A CONTINUING CARE FACILITY  
AND ISSUANCE OF A CERTIFICATE OF AUTHORITY TO A PROVIDER**

**Section II-7 Organizational Charts**

Furnish complete organizational charts for the Applicant. The organizational charts should disclose the relationship between all entities in the organizational structure, including all parent, holding, subsidiary, and other affiliated companies, and stating all ownership percentages. One chart should be submitted for each entity showing the organization prior to the proposed acquisition, and one chart showing the Applicant's entire structure after the proposed acquisition.

**Section II-8 Description of Transaction**

Submit a narrative describing the structure of the transaction resulting in the acquisition of the continuing care facility. Please include information regarding what assets and liabilities will be assumed and an explanation of how current residents' contracts will be affected.

**Section II-9 Notification Statement**

Provide return receipt cards demonstrating proof of compliance with Section 628.4615(2)(a), Florida Statutes, which requires that the acquiring entity send the letter of notification by registered mail to the principal office of the provider and any controlling company

**Section II-10 Application**

Applicant should furnish the continuing care facility and any controlling company with a copy of the application. Submit proof that this has been done.

**Section II-11 Service of Process Form**

Provide a properly executed Service of Process Consent & Agreement form (Form OIR-C1-144).

**APPLICATION FOR THE SIMULTANEOUS ACQUISITION OF A CONTINUING CARE FACILITY  
AND ISSUANCE OF A CERTIFICATE OF AUTHORITY TO A PROVIDER**

**Section II-12      Statutory Statements**

Submit a detailed response to items (b)-(f) of Section 628.4615(4), Florida Statutes, listed below. Each of these sections should be clearly labelled and responded to individually.

**(b)** The source and amount of the funds or other consideration used, or to be used, in making the acquisition.

**(c)** Any plans or proposals which such persons may have made to liquidate the specialty insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management; and any plans or proposals which such persons may have made to liquidate any controlling company of the specialty insurer, to sell any of its assets or merge or consolidate it with any person, or to make any other major change in its business or corporate structure or management.

**(d)** The nature and the extent of the controlling interest which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the controlling interest is to be acquired of a specialty insurer or controlling company which is not a stock corporation.

**(e)** The number of shares or other securities which the person or affiliated person of such person proposes to acquire, the terms of the proposed acquisition, and the manner in which the securities are to be acquired.

**(f)** Information as to any contract, arrangement, or understanding with any party with respect to any of the securities of the specialty insurer or controlling company, including, but not limited to, information relating to the transfer of any of the securities, option arrangements, puts or calls, or the giving or withholding of proxies, which information names the party with whom the contract, arrangement, or understanding has been entered into and gives the details thereof.



**APPLICATION FOR THE SIMULTANEOUS ACQUISITION OF A CONTINUING CARE FACILITY  
AND ISSUANCE OF A CERTIFICATE OF AUTHORITY TO A PROVIDER**

**SECTION III - FINANCIAL**

**Section III-1 Plan of Operations**

Submit a general summary of the plan of operations of Applicant. The plan should include management structure, healthcare delivery system, and a description of the types of continuing care contracts offered, including health care benefits and refundable contract options. This plan should be consistent with the feasibility study.

**Section III-2 Interrogatories**

Submit complete responses to all interrogatories attached as Exhibit III-2.

**Section III-3 Unaudited Quarterly Financial Statements**

Furnish a copy of Applicant's most recent quarterly financial statements. If Applicant relies on funding from an affiliate or controlling company, provide the most recent quarterly financial statements for that entity as well.

**Section III-4 Annual Financial Statements**

Furnish a copy of Applicant's most recent annual financial report. Please provide audited financial statements, if available. If Applicant relies on funding from an affiliate or controlling company, provide the most recent annual financial statements or audit for that entity as well.

**Section III-5 Applicant's History in the Industry**

Furnish a history of the Applicant including the following information.

- (A) A brief history of the company since its incorporation.
- (B) A history of the Applicant's operations in Florida.
- (C) A brief description of the management experience of each individual (by name) involved in the operation of the Applicant and the facility.
- (D) A description of the experience of any controlling company or management company in the field of continuing care.

**APPLICATION FOR THE SIMULTANEOUS ACQUISITION OF A CONTINUING CARE FACILITY AND ISSUANCE OF A CERTIFICATE OF AUTHORITY TO A PROVIDER**

**(E)** Provide a listing of all continuing care facilities currently or previously owned, managed or developed by the Applicant. As used in this paragraph, "Applicant" includes the Applicant and its affiliates and principals. The listing must include the following information:

- i. The facility's name, address, city, and state;
- ii. An indication of if Applicant's role with the facility was that of an owner, manger, developer, or a combination thereof;
- iii. An indication regarding whether Applicant is currently involved with the facility or if their involvement has ceased;
- iv. For facilities located outside of the state of Florida, an indication of whether the facility is regulated by a state agency similar to the Office of Insurance Regulation. If so, please provide the name of the agency and indicate whether the facility currently holds a license issued by the agency or if a license was previously held; and
- v. Disclosure of any administrative actions, bankruptcy or receivership proceedings, violations of financing covenants and related defaults, or similar significant financial or regulatory issues that occurred while the facility was owned, managed, or being developed by Applicant. For previously owned, managed, or developed facilities, include any such occurrences up to one year after the relationship was terminated.

Applicant may submit documentation, including but not limited to written explanations, consultant reports, court filings, and audited financial statements, to describe the circumstances surrounding the issue(s) and their resolution.

**(F)** Regarding the facilities identified in (E) above, please provide financial statements for comparable facilities meeting the criteria described below. If audited financial statements were prepared, provide audited financial statements. If audited financial statements were not prepared, provide a statement that audited financial statements were not prepared and unaudited annual financial statements.

1. Current Facilities: For comparable facilities currently owned, managed, or being developed, provide the most recent financial statements. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

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2. Previous Facilities: For comparable facilities previously owned, managed, or developed, provide the financial statements prepared for the last period in which the facility was owned, managed, or being developed by Applicant. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

**Section III-6 Purchase Agreements, Tender or Exchange Offers, or Similar Documents**

Furnish a copy of all purchase agreements, tender or exchange offers and offering documents, or similar documents associated with the acquisition of the facility.

**Section III-7 Feasibility Study**

Submit an independent feasibility study that complies with the requirements of Section 651.023(1)(b), Florida Statutes. The Application Checklist below lists the required components of a feasibility study.

The provider may submit any other information it deems relevant and appropriate to enable the Office to make a more informed determination. If such information is submitted, please provide an explanation of why the additional information is relevant and appropriate for the Office to consider in reviewing the application filing.

**Section III-8 Financial Ratio Projections**

Please provide a projected days cash on hand, occupancy, and debt service coverage ratio calculations for the first 5 years of operations. Please explain if the provider anticipates dropping below the minimum standards established in Section 651.011(15) or 651.011(25), Florida Statutes, and if so, how it will come back into compliance. These projections should be consistent with the feasibility study.

**Section III-9 Minimum Liquid Reserve Projections**

Provide a projected calculation of the facility's minimum liquid reserves for the first 5 years of operations broken down by debt service reserve, operating reserve, and renewal and replacement reserve, as well as a description of how Applicant will fund the minimum liquid reserves. These projections should be consistent with the feasibility study.

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**Section III-10      Funding Plan and Supporting Documents**

Furnish a Sources and Uses of Funds statement disclosing all sources and all uses of funds to be used in the acquisition. The statement should describe funding of the acquisition, any planned construction, and long-term financing for the facility.

Please provide financing agreements, commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters that describe the proposed plan for the financing and funding plan for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing each agreement and a timeline of when the agreements are expected to be executed.

If bonds are to be issued in connection with the acquisition, any planned construction, or long-term financing for the facility, submit the official statement used in connection with the proposed bond issue, a copy of the bond indenture, and a sample form of the bond. Submit drafts if final versions are not yet available. The final documents will be due to the Office within 30 days after the bonds are issued.

**Section III-11      Escrow Agreements**

Submit draft escrow agreements in compliance with Sections 651.023, 651.033, and 651.035, Florida Statutes. The following escrow agreements should be included:

- Seven-day escrow agreement
- Minimum liquid reserve escrow agreements
  - Debt Service Reserve
  - Operating Reserve
  - Renewal and Replacement Reserve

A provider may submit a statement that it intends to deposit its minimum liquid reserves with the Department of Financial Services Bureau of Collateral Management pursuant to Section 651.033(1)(a), Florida Statutes, in lieu of submitting a minimum liquid reserve escrow agreement. If, after licensure, Applicant wishes to establish a minimum liquid reserve escrow account, they may submit an escrow agreement in REFS for review and approval. Escrow accounts may not be established without the prior written approval of the escrow agreement by the Office pursuant to Section 651.033(1)(c), Florida Statutes.

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Note that if the Applicant will have outstanding indebtedness that requires a debt service reserve to be held in escrow pursuant to a trust indenture or mortgage lien on the facility and for which the debt service reserve may only be used to pay principal and interest payments on the debt that the debtor is obligated to pay, pursuant to Section 651.035(1)(b), Florida Statutes, such an escrow account may be included in the debt service portion of its minimum liquid reserves. Please explain if Applicant will have such a debt service reserve and provide supporting documentation.

After licensure, for such an account to be applied to debt service reserves, the provider must furnish a copy of the agreement under which such debt service is held and a statement of the amount being held in escrow for the debt service reserve certified by the lender or trustee and the provider to be correct.

**Section III-12 Continuing Care Contracts**

Provide copies of each continuing care contract, reservation agreement, waitlist agreement, and addendum to be entered into between the Applicant and residents, which must meet the minimum requirements of Sections 651.055, 651.023, 651.022, and 651.061 Florida Statutes.

Please provide a list describing the continuing care contracts that the Applicant will assume as part of the acquisition transaction, including healthcare and refund obligations assumed.

Please note that continuing care contracts must meet the minimum requirements of Section 651.055, Florida Statutes, and must be approved by the Office before use. Review and approval of the continuing care contract forms, reservation agreements, and addendums to such agreements is independent of the application process. To begin this review process, contract forms must also be submitted for review through the IRFS portal. Such contracts may be submitted through the portal after the application has been accepted by the Office.

**Section III-13 Contractors, Vendors, Services, and Other Agreements**

Furnish copies of any agreements whereby the Applicant accepts obligations, debts, and encumbrances which would affect the facility.

Submit copies of any contract entered into or to be entered into by the Applicant in relation to marketing, construction, or long-term financing, leases of land or property, or management of the facility and the provision of shelter, food, and health care to residents. For example, management agreements, leases, development agreements, etc.

Please indicate if any person whose name is required to be provided in this application pursuant to Section 651.022(2)(b)1.-10., Florida Statutes, owns any interest in or receives any remuneration from, 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 \$10,000 USD or more.

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If so, provide the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held; describe such goods, leases, or services; the probable cost to the facility or provider; and why such goods, leases, or services should not be purchased from an independent entity. Explain whether the contract or arrangement is the result of arms-length negotiations, a bid, or otherwise. If no person meets these conditions, please provide a statement to that effect.

Additionally, furnish copies of any other agreements referenced in this filing.

**Section III-14      Advertisements**

Furnish the form of any advertisement or other written material proposed to be used in the solicitation of residents

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**SECTION IV – MANAGEMENT**

**Section IV-1            Management Information Forms**

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the post-acquisition management, ownership, and control of the domestic insurer up to and including any 10% or greater shareholders 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 each officer, director, and 10% or greater owner of the entity named on the form.

**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 (NAIC Form 11) for each officer, director, and shareholder listed in Section IV-1. Applicant may omit officers, directors, and shareholders of those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit 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 need not be submitted for that individual.

All questions must be answered. All “Yes” answers must be explained. Please note Item 8 of the NAIC Biographical Affidavit requires 20 years of employment history. Only 10 years of employment history is required for this application.

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 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

**Form OIR-C1-2219  
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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.

**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.



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**CHECKLIST**

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

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.**

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

**SECTION I – APPLICATION FORM AND FEES**

- 1. Application fee paid
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Application certification and checklist

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**CHECKLIST**

**SECTION II - LEGAL**

- 1. Authorization Letter
- 2. Organizational Documents
  - a. Certified by the Secretary of State (if applicable)
- 3. Bylaws (or equivalent documents)
  - a. Certified by corporate Secretary
- 4. Certificate of Status
- 5. Fictitious Name Filing (if applicable)
- 6. Parent Companies and Controlling Partners
  - a. Organizational Documents
    - i. Certified by the Secretary of State (if applicable)
  - b. Bylaws (or equivalent document)
    - i. Certified by corporate Secretary
  - c. Certificate of Status
  - d. Fictitious Name Filing (if applicable)
- 7. Organizational Charts
  - a. Chart showing Applicant's organization prior to acquisition
    - i. With ownership percentages
  - b. Chart showing facility's ownership structure prior to the acquisition
    - i. With ownership percentages

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- c. Chart showing all entities after the acquisition
- i. With ownership percentages
- 8. Description of Transaction
- 9. Notification Statement
- a. Return receipt cards for
- i. Principal office of the provider
- ii. Any controlling company of the provider
- 10. Proof that this Application has been furnished to the continuing care facility and any controlling company
- 11. Service of Process Consent & Agreement (Form OIR-C1-144)
- 12. Statutory Statements, Section 628.4615(b)-(f), Florida Statutes

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**CHECKLIST**

**SECTION III – FINANCIAL**

- 1. Plan of Operations
- 2. Interrogatories, Exhibit III-2
- 3. Quarterly Financial Statements
  - a. Applicant's most recent unaudited quarterly financial statements
  - b. Most recent unaudited quarterly financial statements for affiliate or controlling company, if required (see directions in III-3)
- 4. Annual Financial Statements
  - a. Applicant's most recent annual financial statements, audited if available
  - b. Most recent annual financial statements or audit for affiliate or controlling company, if required (see directions in III-4)
- 5. Applicant's History in the Industry
  - a. Brief history of the company since its incorporation
  - b. History in Florida
  - c. Management experience of individuals
  - d. Experience of controlling companies and management companies
  - e. Detailed listing of continuing care experience
  - f. Audited financial reports of comparable facilities
- 6. Purchase Agreements, Tender or Exchange Offers, or Similar Documents
- 7. Feasibility Study
  - a. Prepared by an independent certified public accountant or an independent consulting actuary
  - b. Indicate the page number where each of the following required elements is located within the feasibility study:

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A description of the facility, including: pg \_\_\_\_\_

- The location pg \_\_\_\_\_
- The size pg \_\_\_\_\_
- The healthcare delivery system pg \_\_\_\_\_
- Current facility occupancy rates pg \_\_\_\_\_
- Recent marketing results pg \_\_\_\_\_
- Any anticipated post-acquisition renovations or construction pg \_\_\_\_\_
- Current resident contract provisions pg \_\_\_\_\_
- Refund liability pg \_\_\_\_\_

The primary market area pg \_\_\_\_\_

The secondary market area, if applicable pg \_\_\_\_\_

Projected unit sales per month pg \_\_\_\_\_

Projected revenues, including pg \_\_\_\_\_

- Anticipated entrance fees pg \_\_\_\_\_
- Monthly service fees pg \_\_\_\_\_
- Nursing care revenues, if applicable pg \_\_\_\_\_
- Other sources of revenue pg \_\_\_\_\_

Projected expenses, including pg \_\_\_\_\_

- Staffing requirements and salaries pg \_\_\_\_\_
- Cost of property, plant, and equipment pg \_\_\_\_\_
- Depreciation expense pg \_\_\_\_\_
- Interest expense pg \_\_\_\_\_
- Marketing expense pg \_\_\_\_\_
- Other operating expense pg \_\_\_\_\_

Projected balance sheet of the Applicant pg \_\_\_\_\_

Expectations for the financial condition of the project, including pg \_\_\_\_\_

- Projected cash flow statement; and pg \_\_\_\_\_
- Estimate of funds necessary to cover startup losses pg \_\_\_\_\_

Inflation factor, if any, and a statement of how and where it is applied pg \_\_\_\_\_

Project costs pg \_\_\_\_\_

Total amount of debt financing required. pg \_\_\_\_\_

Marketing projections. pg \_\_\_\_\_

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Resident rates, fees, and charges. pg \_\_\_\_\_

The breakeven point. pg \_\_\_\_\_

The competition. pg \_\_\_\_\_

Resident contract provisions, including pg \_\_\_\_\_

    Description of contracts in-force at or offered by the facility pg \_\_\_\_\_

    Description of contracts to be offered related to the expansion pg \_\_\_\_\_

    Total amount of contractual liability attributable to refundable contracts pg \_\_\_\_\_

Other factors that may affect the feasibility of the facility. pg \_\_\_\_\_

Appropriate population projections, including pg \_\_\_\_\_

    Morbidity assumptions; and pg \_\_\_\_\_

    Mortality assumptions. pg \_\_\_\_\_

The assumptions used in the study, if any. pg \_\_\_\_\_

The name of the person who prepared the feasibility study and their experience  
in preparing similar studies or otherwise consulting in the field of continuing  
care. pg \_\_\_\_\_

Financial forecasts or projections prepared in accordance with standards  
adopted by the American Institute of Certified Public Accountants or in  
accordance with standards for feasibility studies for continuing care retirement  
communities adopted by the Actuarial Standards Board. pg \_\_\_\_\_

If the study is prepared by an independent certified public accountant, it  
must contain an examination opinion or a compilation report containing a  
financial forecast or projections for the first 5 years of operations which  
take into account an actuary's mortality and morbidity assumptions as the  
study relates to turnover, rates, fees, and charges. pg \_\_\_\_\_

**APPLICATION FOR THE SIMULTANEOUS ACQUISITION OF A CONTINUING CARE FACILITY AND ISSUANCE OF A CERTIFICATE OF AUTHORITY TO A PROVIDER**

If the study is prepared by an independent consulting actuary, it must contain mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges and an actuary's signed opinion that the project as proposed is feasible and that the study has been prepared in accordance with standards adopted by the American Academy of Actuaries.

pg \_\_\_\_\_

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study.

- 1. Financial Ratio Projections
  - a. Days cash on hand
  - b. Debt service coverage ratio
  - c. Occupancy
- 2. Minimum Liquid Reserve Projections
  - a. Debt Service Reserve
  - b. Operating Reserve
  - c. Renewal and Replacement Reserve
- 3. Funding Plan and Supporting Documents
  - a. Sources and Uses of Funds
  - b. Financing agreements
  - c. Bond documents (if applicable)
- 4. Escrow Agreements
  - a. Seven-day escrow agreement
  - b. Minimum liquid reserve escrow agreements
    - i. Debt Service Reserve
    - ii. Operating Reserve
    - iii. Renewal and Replacement Reserve

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- 5.** Continuing Care Contracts
  - a.** Continuing care contracts
  - b.** Reservation agreements
  - c.** Waitlist agreements
  - d.** Addendums
- 6.** Contractors, Vendors, Services, and Other Agreements
  - a.** Marketing agreements
  - b.** Development or construction contracts
  - c.** Construction or long-term financing agreements
  - d.** Leases of land or property
  - e.** Management agreements
  - f.** Contracts related to the provision of the following to residents
    - i.** Shelter
    - ii.** Food
    - iii.** Health care to residents
  - g.** Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes
- 7.** Advertisements



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**CHECKLIST**

**SECTION IV – MANAGEMENT**

- 1. Management Information Form (Form OIR-C1-2221) submitted for all required entities
- 2. Biographical affidavits submitted for all required individuals (Form OIR-C1-1423)
  - a. All information completed (no blanks)
  - b. “Yes” answers explained
  - c. Signed
  - d. 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

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**EXHIBIT III-2**

**INTERROGATORIES**

1. The Applicant is:

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Home Office Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

2. The contact person for the Applicant is:

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. The continuing care facility that is the subject of this application is:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

4. The number and type of units at the facility is as follows:

- \_\_\_\_\_ Independent living units
- \_\_\_\_\_ Assisted living units
- \_\_\_\_\_ Sheltered skilled nursing beds
- \_\_\_\_\_ Community skilled nursing beds
- \_\_\_\_\_ Rental units
- \_\_\_\_\_ Total units

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5. Health care will be provided:  
 by the Applicant  
 by an affiliate, pursuant to contract  
 by a third-party, pursuant to contract

6. Health care will be provided (check one)  
 on-site  
 off-site

7. The assisted living or skilled nursing facilities providing healthcare to residents are:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

8. Will the Applicant own or lease the facility?  
 own  
 lease

9. Will the Applicant employ a management company to operate the facility?  
 yes  
 no

If yes submit a copy of the agreement in Section III-13, which must comply with Section 651.1151, Florida Statutes, and the information required in Section IV – Management, including management information forms for the management company and its owners, a list of the officers and directors of the management company, and complete biographical information for all principals.

10. Pursuant to Section 651.022(2)(b), Florida Statutes, please attach a listing the full names, residences, and business addresses of each of the following:
- a. The proprietor, if the Applicant or provider is an individual.
  - b. Every 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.

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- c. 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.
- d. The corporation and each officer and director thereof, if the Applicant or provider is a corporation.
- e. Every trustee and officer, if the Applicant or provider is a trust.
- f. The manager, whether an individual, corporation, partnership, or association.
- g. Any stockholder holding at least a 10% interest in the operations of the facility in which the care is to be offered.
- h. Any person whose name is required to be provided in the application under this paragraph and who owns any interest in or receives any remuneration from, 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 \$10,000 or more, and the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held. The Applicant shall describe such goods, leases, or services and the probable cost to the facility or provider and shall describe why such goods, leases, or services should not be purchased from an independent entity.
- i. Any person, corporation, partnership, association, or trust owning land or property leased to the facility, along with a copy of the lease agreement.
- j. Any affiliated parent or subsidiary corporation or partnership.

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- 11.** Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:
- a.** Been convicted of a felony or pleaded nolo contendere to a felony charge, been held liable or enjoined in a civil action by final judgement, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property?  
\_\_\_\_\_ yes  
\_\_\_\_\_ no
  - b.** Is such a proceeding currently pending?  
\_\_\_\_\_ yes  
\_\_\_\_\_ no
  - c.** If so, provide a certified copy of the complaint and the final adjudication by the recording public official.
- 12.** Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:
- a.** Subject to a currently effective injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, an action affecting a license under Chapter 400 or 429, Florida Statutes?  
\_\_\_\_\_ yes  
\_\_\_\_\_ no
  - b.** If so, provide a certified copy of the complaint and the final adjudication by the recording public official.
- 13.** The Applicant's fiscal year-end is: \_\_\_\_\_.

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**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 this application submitted to the Florida Office of Insurance Regulation by \_\_\_\_\_ (“Applicant”), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have acted executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, 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, or similar persons with the authority to bind Applicant, will be accepted only if Applicant does not have these positions.



## **Florida Office of Insurance Regulation**

### **CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER**

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 at the following link:

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

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

CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY

**INSTRUCTIONS**

**SECTION I - APPLICATION FEES**

**Section I-1          Application Fees**

Applicants must pay an application-filing fee of \$75 U.S. Dollars (“USD”) pursuant to Section 651.015(2)(a), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

**Section I-2          Fingerprint Processing 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.



**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

**SECTION II - LEGAL**

**Section II-1            Authorization Letter**

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

**Section II-2            Organizational Documents**

Submit a copy of Applicant's organizational documents or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, Association Membership Agreements, etc., 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. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

**Section II-3            Bylaws**

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This 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, unless the Applicant does not have this position.

**Section II-4            Certificate of Status**

Submit a certificate of status 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-5            Fictitious Name Filing**

If the Applicant plans to utilize a fictitious name, provide documentation of compliance with Section 865.09, Florida Statutes, dealing with fictitious names.

**Section II-6            Parent Companies and Controlling Partners**

Provide complete organizational documents required in Sections II-2 through II-5 for all entities controlling the Applicant upward to the ultimate controlling entity.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

**Section II-7            Organizational Charts**

Furnish complete organizational charts for Applicant. The organizational charts should disclose the relationship between all entities in the organizational structure, include all parent, holding, subsidiary, and other affiliated companies, and state all ownership percentages.

**Section II-8            Service of Process Consent & Agreement**

Provide a properly executed Service of Process Consent & Agreement form (Form OIR-C1-144).

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

**SECTION III - FINANCIAL**

**Section III-1            Plan of Operations**

Submit a general summary of the plan of operations of Applicant. The plan should include management structure, healthcare delivery system, and a description of the types of continuing care contracts offered, including health care benefits and refundable contract options. This plan should be consistent with the feasibility study.

**Section III-2            Interrogatories**

Submit complete responses to all interrogatories attached as Exhibit III-2.

**Section III-3            Unaudited Quarterly Financial Statements**

Submit complete unaudited quarterly financial statements attested to by the Applicant after the date of the last audit. If Applicant relies on funding from an affiliate or controlling company, provide the most recent quarterly financial statements for that entity as well.

**Section III-4            Audited Annual Financial Statements**

Submit a complete audited financial report 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 the application, whichever is later.

If Applicant relies on funding from an affiliate or controlling company, provide the most recent annual financial statements or audit for that entity as well.

**Section III-5            Applicant's History in the Industry**

Furnish a history of the Applicant including the following information.

- (A) A brief history of the company since its incorporation.
- (B) A history of the Applicant's operations in Florida.
- (C) A brief description of the management experience of each individual (by name) involved in the operation of the Applicant and the facility.
- (D) A description of the experience of any controlling company or management company in the field of continuing care.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

- (E) Provide a listing of all continuing care facilities currently or previously owned, managed or developed by the Applicant. As used in this paragraph, "Applicant" includes the Applicant and its affiliates and principals. The listing must include the following information:
- i. The facility's name, address, city, and state;
  - ii. An indication of if Applicant's role with the facility was that of an owner, manger, developer, or a combination thereof;
  - iii. An indication regarding whether Applicant is currently involved with the facility or if their involvement has ceased;
  - iv. For facilities located outside of the state of Florida, an indication of whether the facility is regulated by a state agency similar to the Office of Insurance Regulation. If so, please provide the name of the agency and indicate whether the facility currently holds a license issued by the agency or if a license was previously held; and
  - v. Disclosure of any administrative actions, bankruptcy or receivership proceedings, violations of financing covenants and related defaults, or similar significant financial or regulatory issues that occurred while the facility was owned, managed, or being developed by Applicant. For previously owned, managed, or developed facilities, include any such occurrences up to one year after the relationship was terminated.

Applicant may submit documentation, including but not limited to written explanations, consultant reports, court filings, and audited financial statements, to describe the circumstances surrounding the issue(s) and their resolution.

- (F) Regarding the facilities identified in (E) above, please provide financial statements for comparable facilities meeting the criteria described below. If audited financial statements were prepared, provide audited financial statements. If audited financial statements were not prepared, provide a statement that audited financial statements were not prepared and unaudited annual financial statements.

1. Current Facilities: For comparable facilities currently owned, managed, or being developed, provide the most recent financial statements. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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2. Previous Facilities: For comparable facilities previously owned, managed, or developed, provide the financial statements prepared for the last period in which the facility was owned, managed, or being developed by Applicant. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

**Section III-6 Proof of Ownership, Right to Operate, or Manage**

If Applicant is the owner of the proposed facility site, attach a copy of the warranty deed or contract for deed. If the Applicant intends to operate the facility, attach a copy of the proposed operating agreement. If the Applicant intends to manage or employ a management company to manage the facility, attach a copy of the proposed or executed management agreement.

**Section III-7 Feasibility Study**

Submit an independent feasibility study that complies with the requirements of Section 651.0215(2)(b), Florida Statutes. The Application Checklist below lists the required components of the feasibility study.

**Section III-8 Financial Ratio Projections**

Please provide a projected days cash on hand, occupancy, and debt service coverage ratio calculations for the first 5 years of operations. Please explain when the provider anticipates exceeding the minimum thresholds provided in Sections 651.011(15) and 651.011(25), Florida Statutes. These projections should be consistent with the feasibility study.

**Section III-9 Minimum Liquid Reserve Projections and Funding**

Provide a projected calculation of the facility's minimum liquid reserves for the first 5 years of operations and a description of how Applicant will fund the minimum liquid reserves. These projections should be consistent with the feasibility study.

Furnish documents evidencing that the Applicant will be able to comply with Section 651.035, Florida Statutes.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

**Section III-10      Funding Plan**

Furnish a Sources and Uses of Funds statement explaining the projects proposed method of financing and disclosing all sources and all uses of funds to be used to develop the project. The statement should describe construction and long-term financing for the facility and should be supported by the information provided in response to Section III-11.

All reservation deposits and entrance fees must be placed in escrow in accordance with Section 651.033, Florida Statutes. The Applicant may not use or pledge any part of an initial entrance fee for the construction or purchase of the facility or as security for long-term financing.

Note that the Office may not approve an application that includes in the plan of financing any encumbrance of the operating reserves or renewal and replacement reserves required by Chapter 651, Florida Statutes.

**Section III-11      Financing Plan Documentation**

Submit documents evidencing that commitments have been secured for both construction financing and long-term financing or that a documented plan acceptable to the Office has been adopted by the Applicant for long-term financing.

Please provide financing agreements, commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters that describe the proposed plan for the financing and funding plan for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing each agreement and a timeline of when the agreements are expected to be executed.

If bonds are to be issued in connection with the project, submit the official statement used in connection with the proposed bond issue, a copy of the bond indenture, and a sample form of the bond. Submit drafts if final versions are not yet available. The final documents will be due to the Office within 30 days after the bonds are issued.

**Section III-12      Satisfaction of Lending Conditions**

For projects financed in whole or part by one or more lenders, whether affiliated or third-party, submit documentation from the lender(s) that all conditions of the lender have been satisfied to activate the commitment to disburse funds. The lender should explain any other conditions precedent to the disbursement of funds. This requirement does not apply to projects financed by public bond issue.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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**Section III-13      Sufficiency of Funds**

Submit documents evidencing 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 at least 100% of the aggregate cost of construction or purchasing, equipping, and furnishing the facility plus 100% of the anticipated startup losses of the facility.

**Section III-14      Escrow Agreements**

Submit draft escrow agreements in compliance with Sections 651.0215, 651.023, 651.033, and 651.035, Florida Statutes. The following escrow agreements should be included:

- Entrance fee escrow agreement
- Seven-day escrow agreement
- Minimum liquid reserve escrow agreements
  - Debt Service Reserve
  - Operating Reserve
  - Renewal and Replacement Reserve

A provider may submit a statement that it intends to deposit its minimum liquid reserves with the Department of Financial Services Bureau of Collateral Management pursuant to Section 651.033(1)(a), Florida Statutes, in lieu of submitting a minimum liquid reserve escrow agreement. If, after licensure, Applicant wishes to establish a minimum liquid reserve escrow account, they may submit an escrow agreement in REFS for review and approval. Escrow accounts may not be established without the prior written approval of the escrow agreement by the Office pursuant to Section 651.033(1)(c), Florida Statutes.

Note that if the Applicant will have outstanding indebtedness that requires a debt service reserve to be held in escrow pursuant to a trust indenture or mortgage lien on the facility and for which the debt service reserve may only be used to pay principal and interest payments on the debt that the debtor is obligated to pay, pursuant to Section 651.035(1)(b), Florida Statutes, such an escrow account may be included in the debt service portion of its minimum liquid reserves. Please explain if Applicant will have such a debt service reserve and provide supporting documentation.

After licensure, for such an account to be applied to debt service reserves, the provider must furnish a copy of the agreement under which such debt service is held and a statement of the amount being held in escrow for the debt service reserve certified by the lender or trustee and the provider to be correct.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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**Section III-15      Continuing Care Contracts**

Provide copies of each continuing care contract, reservation agreement, waitlist agreement, and addendum, to be entered into between the Applicant and residents, which must meet the minimum requirements of Sections 651.022, 651.023, 651.055, and 651.061 Florida Statutes. The contracts must include a statement describing the procedures required by law relating to the release of escrowed entrance fees. Such a statement may be furnished through an addendum.

If Applicant will offer personal services or nursing services through written contractual agreement, the contractual agreement to provide personal services or nursing services must be disclosed in the contract for continuing care.

Reservation deposits may not exceed the lesser of \$40,000 USD or 10% of the then-current fee for the unit selected by a resident and must be refundable at any time before the resident takes occupancy of the selected unit. Further, the resident contract must state that collection of the balance of the entrance fee is to occur after the resident is notified that his or her selected unit is available for occupancy and on or before the occupancy date. The reservation contract must state the cancellation policy and the terms of the continuing care contract.

Please note that continuing care contracts must be approved by the Office before use. Review and approval of the continuing care contract forms, reservation agreements, and addendums to such agreements is independent of the application process. To begin this review process, contract forms must also be submitted for review through the IRFS portal. Such contracts may be submitted through the portal after the application has been accepted by the Office.

**Section III-16      Contractors, Vendors, Services, and Other Agreements**

Furnish copies of any agreements whereby the Applicant accepts obligations, debts, and encumbrances which would affect the facility.

Submit copies of any contract entered into or to be entered into by the Applicant in relation to marketing, construction, long-term financing, leases of land or property, or management of the facility and the provision of shelter, food, and health care to residents. For example, management agreements, leases, development agreements, etc.

Please indicate if any person whose name is required to be provided in this application pursuant to Section 651.022(2)(b)1.-10., Florida Statutes, owns any interest in or receives any remuneration from, 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 \$10,000 USD or more.



**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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If so, provide the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held; describe such goods, leases, or services; the probable cost to the facility or provider; and why such goods, leases, or services should not be purchased from an independent entity. Explain whether the contract or arrangement is the result of arms-length negotiations, a bid, or otherwise. If no person meets these conditions, please provide a statement to that effect.

Additionally, furnish copies of any other agreements referenced in this filing.

**Section III-17      Advertisements**

Furnish the form of any advertisement or other written material proposed to be used in the solicitation of residents.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

**SECTION IV – MANAGEMENT**

**Section IV-1            Management Information Forms**

Please submit a Management Information Form (Form OIR-C1-2221) fully describing the management, ownership, and control of the Applicant up to and including any 10% or greater shareholders 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 each officer, director, and 10% or greater owner of the entity named on the form.

**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 (NAIC Form 11) for each officer, director, and shareholder listed in Section IV-1. Applicant may omit officers, directors, and shareholders of those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit 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 need not be submitted for that individual.

All questions must be answered. All “Yes” answers must be explained. Please note Item 8 of the NAIC Biographical Affidavit requires 20 years of employment history.

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 entities 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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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.

**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.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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**CHECKLIST**

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

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.**

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

**SECTION I – APPLICATION FORM AND FEES**

- 1. Application fee paid
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Application certification and checklist

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

**CHECKLIST**

**SECTION II - LEGAL**

- 1. Authorization Letter
- 2. Organizational Documents
  - a. Certified by the Secretary of State (if applicable)
- 3. Bylaws
  - a. Certified by corporate Secretary
- 4. Certificate of Status
- 5. Fictitious Name Filing (if applicable)
- 6. Parent Companies and Controlling Partners
  - a. Organizational Documents
    - i. Certified by the Secretary of State (if applicable)
  - b. Bylaws
    - ii. Certified by corporate Secretary
  - c. Certificates of Status
  - d. Fictitious Name Filings (if applicable)
- 7. Organizational Charts
  - a. Complete charts showing all parent, holding, affiliate, and subsidiary companies
  - b. With ownership percentages
- 8. Service of Process Form (Form OIR-C1-144)

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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**CHECKLIST**

**SECTION III – FINANCIAL**

- 1. Plan of Operations
- 2. Interrogatories, Exhibit III-2
- 3. Quarterly Financial Statements
  - a. Complete unaudited quarterly statements since date of last audit
  - b. Attested to by Applicant
  - c. Most recent unaudited quarterly financial statements for affiliate or controlling company, if required (see directions in III-3)
- 4. Annual Financial Statements
  - a. Complete audited financial report
  - b. Prepared by an independent certified public accountant
  - c. Most recent unaudited annual financial statements or audit for affiliate or controlling company, if required (see directions in III-4)
- 5. Applicant's History in the Industry
  - a. Brief history of the company since its incorporation
  - b. History in Florida
  - c. Management experience of individuals
  - d. Experience of controlling companies and management companies
  - e. Detailed listing of continuing care experience
  - f. Audited financial reports of comparable facilities
- 6. Proof of Ownership, Right to Operate, or Manage

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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- 7. Feasibility Study
- a. Prepared by an independent certified public accountant or an independent consulting actuary
- b. Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the proposed facility, including:

The location	pg _____
The size	pg _____
The healthcare delivery system	pg _____
Anticipated completion date	pg _____
Proposed construction program	pg _____
The primary market area.	pg _____
The secondary market area, if applicable.	pg _____
Projected unit sales per month	pg _____
Projected revenues, including	pg _____
Anticipated entrance fees	pg _____
Monthly service fees	pg _____
Nursing care revenues, if applicable	pg _____
Other sources of revenue	pg _____
Projected expenses, including	pg _____
Staffing requirements and salaries	pg _____
Cost of property, plant, and equipment	pg _____
Depreciation expense	pg _____
Interest expense	pg _____
Marketing expense	pg _____
Other operating expense	pg _____
Projected balance sheet of the Applicant	pg _____
Expectations for the financial condition of the project, including:	pg _____
Projected cash flow statement	pg _____
Estimate of funds necessary to cover startup losses	pg _____
Inflation factor, if any, and a statement of how and where it is applied	pg _____
Project costs	pg _____
Total amount of debt financing required	pg _____

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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Marketing activities, including:	pg _____
Actual marketing results to date	pg _____
Marketing projections	pg _____
Resident rates, fees, and charges	pg _____
The breakeven point	pg _____
The competition	pg _____
Resident contract provisions, including:	pg _____
The projected amount of contractual liability attributable to refundable contracts	pg _____
Any other factors that may affect the feasibility of the facility	pg _____
Appropriate population projections, including:	pg _____
Morbidity assumptions	pg _____
Mortality assumptions	pg _____
Any other assumptions used in the study	pg _____
The name of the person who prepared the feasibility study and their experience in preparing similar studies or otherwise consulting in the field of continuing care	pg _____
Financial forecasts or projections prepared in accordance with standards adopted by the American Institute of Certified Public Accountants or in accordance with standards for feasibility studies for continuing care retirement communities adopted by the Actuarial Standards Board	pg _____

If the study is prepared by an independent certified public accountant, it must contain an examination opinion or a compilation report containing a financial forecast or projections for the first 5 years of operations which take into account an actuary's mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges. pg \_\_\_\_\_

If the study is prepared by an independent consulting actuary, it must contain mortality and morbidity assumptions as the study relates to turnover, rates, fees, and charges and an actuary's signed opinion that the project as proposed is feasible and that the study has been prepared in accordance with standards adopted by the American Academy of Actuaries. pg \_\_\_\_\_

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study.

- 8. Financial Ratio Projections
- a. Days cash on hand



**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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- b.** Debt service coverage ratio
- c.** Occupancy
- 9.** Minimum Liquid Reserve Projections and Funding
  - a.** Debt Service Reserve
  - b.** Operating Reserve
  - c.** Renewal and Replacement Reserve
  - d.** Documents evidencing ability to comply
- 10.** Funding Plan and Supporting Documents
  - a.** Sources and Uses of Funds
  - b.** Financing agreements
  - c.** Bond documents (if applicable)
- 11.** Financing Plan Documentation
- 12.** Satisfaction of Lending Conditions
- 13.** Sufficiency of Funds
- 14.** Escrow Agreements
  - a.** Entrance fee escrow agreement
  - b.** Seven-day escrow agreement
  - c.** Minimum liquid reserve escrow agreements
    - i.** Debt Service Reserve
    - ii.** Operating Reserve
    - iii.** Renewal and Replacement Reserve
- 15.** Continuing Care Contracts
  - a.** Continuing care contracts
  - b.** Reservation agreements
  - c.** Waitlist agreements

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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- d.** Addendums
- 16.** Contractors, Vendors, Services, and Other Agreements
  - a.** Marketing agreements
  - b.** Development or construction contracts
  - c.** Construction or long-term financing agreements
  - d.** Leases of land or property
  - e.** Management agreements
  - f.** Contracts related to the provision of the following to residents
    - i.** Shelter
    - ii.** Food
    - iii.** Health care to residents
  - g.** Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes
- 17.** Advertisements

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

**CHECKLIST**

**SECTION IV – MANAGEMENT**

- 1. Management Information Forms submitted for all required entities (Form OIR-C1-2221)
- 2. Biographical affidavits submitted for all required individuals (Form OIR-C1-1423)
  - a. All information completed (no blanks)
  - b. “Yes” answers explained
  - c. Signed
  - d. 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

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
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**EXHIBIT III-2**

**INTERROGATORIES**

**1.** The Applicant is:

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Home Office Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

**2.** The contact person for the Applicant is:

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3.** The continuing care facility that is the subject of this application is:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**4.** The number and type of units at the proposed facility is as follows:

- \_\_\_\_\_ Independent living units
- \_\_\_\_\_ Assisted living units
- \_\_\_\_\_ Sheltered skilled nursing beds
- \_\_\_\_\_ Community skilled nursing beds
- \_\_\_\_\_ Rental units
- \_\_\_\_\_ Total units

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

5. Health care will be provided:  
\_\_\_\_\_ by the Applicant  
\_\_\_\_\_ by an affiliate, pursuant to contract  
\_\_\_\_\_ by a third-party, pursuant to contract

6. Health care will be provided (check one)  
\_\_\_\_\_ on-site  
\_\_\_\_\_ off-site

7. The assisted living or skilled nursing facilities proposed to provide care to residents are:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

8. Identify the entity that has or will apply for the proposed nursing bed "Certificate of Need" with the Florida Agency for Health Care Administration:

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

9. The total number of sheltered skilled nursing beds proposed is: \_\_\_\_\_.

10. The total number of community skilled nursing beds proposed is: \_\_\_\_\_.

11. Will the Applicant own or lease the facility?

\_\_\_\_\_ own  
\_\_\_\_\_ lease

12. Will the Applicant employ a management company to operate the facility?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

If yes, submit a copy of the agreement, which must comply with Section 651.1151, Florida Statutes, in Section III-13. Submit the information required in Section IV – Management, for the management company, including complete biographical information for all owners, officers, and directors of the management company.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

- 13.** Pursuant to Section 651.022(2)(b), Florida Statutes, please attach a listing the full names, residences, and business addresses of each of the following:
- a.** The proprietor, if the Applicant or provider is an individual.
  - b.** Every 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.
  - c.** 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.
  - d.** The corporation and each officer and director thereof, if the Applicant or provider is a corporation.
  - e.** Every trustee and officer, if the Applicant or provider is a trust.
  - f.** The manager, whether an individual, corporation, partnership, or association.
  - g.** Any stockholder holding at least a 10% interest in the operations of the facility in which the care is to be offered.
  - h.** Any person whose name is required to be provided in the application under this paragraph and who owns any interest in or receives any remuneration from, 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 \$10,000 or more, and the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held. The Applicant shall describe such goods, leases, or services and the probable cost to the facility or provider and shall describe why such goods, leases, or services should not be purchased from an independent entity.
  - i.** Any person, corporation, partnership, association, or trust owning land or property leased to the facility, along with a copy of the lease agreement.
  - j.** Any affiliated parent or subsidiary corporation or partnership.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

**14.** Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

- a.** Been convicted of a felony or pleaded nolo contendere to a felony charge, been held liable or enjoined in a civil action by final judgement, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

- b.** Is such a proceeding currently pending?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

- c.** If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

**15.** Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

- a.** Subject to a currently effective injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, an action affecting a license under Chapters 400 or 429, Florida Statutes?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

- b.** If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

**16.** The Applicant's fiscal year-end is: \_\_\_\_\_.

**CONSOLIDATED APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY AND  
CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE FACILITY**

**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 this application submitted to the Florida Office of Insurance Regulation by \_\_\_\_\_ (“Applicant”), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have acted executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, 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, or similar persons with the authority to bind Applicant, will be accepted only if the Applicant does not have these positions.





**Florida Office of Insurance Regulation**

**Application for License Continuance  
Service Warranty Association**

For the period: 03/01/20\_\_\_\_ to 02/2\_\_/20\_\_\_\_

**Due by March 01**

Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

Federal Identification Number ("FEIN"): \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS SERVICE WARRANTY ASSOCIATION LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of \$200.00 USD. This fee is due at the time the renewal application is filed.
2. Application must be signed by:
  - a. The owner or authorized representative, if a sole proprietor.
  - b. The president and secretary if a corporation.
  - c. The managing or senior partner(s) or managing director(s) if a partnership or association.  
(If necessary, attach additional sheets.)
3. The renewal application and fee must be received on or before March 1.



**Florida Office of Insurance Regulation**

Bond No: \_\_\_\_\_

**PREMIUM FINANCE COMPANY SURETY BOND**

We, \_\_\_\_\_ (“Principal”), and \_\_\_\_\_ (“Surety”), are held and firmly bound unto the Commissioner of the Florida Office of Insurance Regulation (“Commissioner”), and all successors in office, the sum of \$35,000 United States Dollars (“USD”), 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 \_\_\_\_\_, 20\_\_, at 12:01 a.m.

Pursuant to Chapter 627, Part XV, Florida Statutes, the Principal is required to show proof of net worth of \$35,000 USD, or a deposit of \$35,000 USD in cash or approved securities with the Commissioner, or a surety bond in the amount of \$35,000 USD underwritten by a surety company authorized to do business in Florida, said bond and company subject to the approval of the Commissioner to assure the faithful performance of the Principal's obligations to all parties to insurance premium financing contracts or other such documents as imposed by Chapter 627, Part XV, Florida Statutes, in the State of Florida.

The Principal has elected to give such surety bond with the Surety named above.

If the Principal named shall faithfully perform its obligations to all parties to insurance premium financing contracts or other such documents as imposed by 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 12 months from the effective date of said cancellation or release in which to discover any obligation it may have under this bond.

Bond No: \_\_\_\_\_

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 Signature

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Witness Printed Full Name

\_\_\_\_\_  
President Printed Full Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Secretary Signature

\_\_\_\_\_  
Witness Printed Full Name

\_\_\_\_\_  
Secretary Printed Full Name

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

Executed in \_\_\_\_\_, Florida  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, the  
By: \_\_\_\_\_  
Florida Resident Agent of Surety Company



**Florida Office of Insurance Regulation**

Bond No: \_\_\_\_\_

**HOME OR SERVICE WARRANTY ASSOCIATION 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 \_\_\_\_\_  
\_\_\_\_\_ ( \$ \_\_\_\_\_ .00) 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 634, Florida Statutes, the above bounden, the Principal herein named, is required to make a  
deposit of \$ \_\_\_\_\_ .00 in cash or approved securities with the Commissioner or a  
surety bond in the amount of \$ \_\_\_\_\_ .00 of a surety company authorized to do  
business in the State of Florida, said bond and company to be approved of by said Commissioner to  
assure the faithful performance of the principal's obligations to its members or subscribers assumed in  
the State of Florida while this bond is in effect:

**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 its  
members or subscribers, and shall pay each, every and all of its liabilities to its members or subscribers  
in the State of Florida after the said liabilities shall have been adjusted between the Principal and its  
members or subscribers in the mode prescribed by the contract between the Principal and its members  
or subscribers, if a mode be prescribed, or by judgement, order or decree of a Court having jurisdiction  
of the subject, and shall fully and faithfully respond to and settle all said obligations to its members or  
subscribers arising from contracts effectuated while this bond is in effect and resting upon it by virtue  
of its said contracts with its members or subscribers, or 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 60 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.**

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



**Florida Office of Insurance Regulation**

**Application for License Continuance  
Motor Vehicle Service Agreement Company**

For the period: 03/01/20\_\_\_\_ to 02/2\_\_/20\_\_\_\_

**Due by March 1**

Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS MOTOR VEHICLE SERVICE AGREEMENT COMPANY LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
President's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of \$100.00 USD. This fee is due at the time the renewal application is filed.
2. The renewal application and remittance must be received on or before March 1.



**Florida Office of Insurance Regulation**

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Bond No: \_\_\_\_\_

**LEGAL EXPENSE INSURANCE CORPORATION SURETY BOND**

We, \_\_\_\_\_ (“Principal”), and \_\_\_\_\_ (“Surety”), are held and firmly bound unto the Commissioner of the Florida Office of Insurance Regulation (“Commissioner”), or the Chief Financial Officer for the State of Florida (“CFO”), and all successors in office, the sum of \$ \_\_\_\_\_ United States Dollars (“USD”), 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 \_\_\_\_\_, 20\_\_, at 12:01 a.m.

Pursuant to Chapter 642, Florida Statutes, the Principal is required to make a deposit of \$ \_\_\_\_\_ .00 in cash or approved securities with the Commissioner, or a surety bond in the amount of \$ \_\_\_\_\_ .00 USD underwritten by a surety company authorized to do business in Florida, said bond and company subject to the approval of the Commissioner to assure the faithful performance of the principal's obligations to its members or subscribers assumed in Florida while this bond is in effect.

The Principal has elected to give such surety bond with the Surety above, and the conditions of the above obligations are as follows:

If the Principal shall perform or caused to be performed all duties and responsibilities for which the Principal may be held liable by reason of the Principal’s failure to perform, fulfill, or carry out any duty or responsibility governed by Chapter 642, Florida Statutes, or the rules adopted pursuant to those statutes, then this obligation shall be void. Otherwise, this obligation shall remain in force and effect. This bond shall be in favor of the Commissioner or the CFO and shall specifically authorize recovery by the Commissioner or the CFO on behalf of Florida members or subscribers in the event a delinquency proceeding, pursuant to Chapter 631, Florida Statutes, is commenced against the Principal.

Bond No: \_\_\_\_\_

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 Signature

By: \_\_\_\_\_  
President Signature

\_\_\_\_\_  
Witness Printed Full Name

\_\_\_\_\_  
President Printed Full Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Secretary Signature

\_\_\_\_\_  
Witness Printed Full Name

\_\_\_\_\_  
Secretary Printed Full Name

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

Executed in \_\_\_\_\_, Florida  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_,  
By: \_\_\_\_\_  
Attorney Florida Resident Agent of Surety Company





**Florida Office of Insurance Regulation**

**Application for License Continuance  
Service Warranty Association “Manufacturer or Affiliate”**

For the period: 03/01/20\_\_\_\_ to 02/2\_\_/20\_\_\_\_

**Due by March 01**

Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Federal Identification Number (“FEIN”): \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS SERVICE WARRANTY ASSOCIATION “MANUFACTURER or AFFILIATE” LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

_____ Name and Title	_____ Signature	_____ Date
_____ Name and Title	_____ Signature	_____ Date

**INSTRUCTIONS:**

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of \$500.00 USD. This fee is due at the time the renewal application is filed.
2. The renewal application and fee must be received on or before March 1.



**Florida Office of Insurance Regulation**

**Application for Renewal of License  
Home Warranty Association**

For the period: 06/01/20\_\_\_\_ to 05/31/20\_\_\_\_

**Due by May 31**

Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS HOME WARRANTY ASSOCIATION LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of \$200.00 USD. This fee is due at the time the renewal application is filed.
2. Application must be signed by:
  - a. The owner or authorized representative, if a sole proprietorship.
  - b. The president and secretary if a corporation.
  - c. The managing or senior partner(s) or managing director(s) if a partnership or association.  
(If necessary, attach additional sheets.)
3. The renewal application and fee must be received on or before May 31.



**Application for License Continuance  
Legal Expense Insurance**

For the period: 06/01/20\_\_\_\_ to 05/31/20\_\_\_\_

**Due by May 31**

Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR CONTINUANCE OF ITS LEGAL EXPENSE INSURANCE CERTIFICATE OF AUTHORITY AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
Name and Title Signature Date

\_\_\_\_\_  
Name and Title Signature Date

**INSTRUCTIONS:**

1. If you wish to continue the license, submit the completed and signed application along with a license continuance fee of \$300.00 USD. This fee is due at the time the renewal application is filed.
2. Application must be signed by:
  - a. The owner or authorized representative, if a sole proprietorship.
  - b. The president and secretary if a corporation.
  - c. The managing or senior partner(s) or managing director(s) if a partnership or association.  
(If necessary, attach additional sheets.)
3. The continuance application and fee must be received on or before May 31.



**Florida Office of Insurance Regulation**

**Application for Renewal of License  
Premium Finance Company**

For the period: 10/01/20\_\_\_\_ to 09/30/20\_\_\_\_

**Due by September 30**

Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

Federal Identification Number ("FEIN"): \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS PERMIUM FINANCE COMPANY LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of \$250.00 USD. This fee is due at the time the renewal application is filed.
2. Application must be signed by:
  - a. The owner or authorized representative, if a sole proprietorship.
  - b. The president and secretary if a corporation.
  - c. The managing or senior partner(s) or managing director(s) if a partnership or association.  
(If necessary, attach additional sheets.)
3. The renewal application and fee must be received on or before September 30.



**Florida Office of Insurance Regulation**

**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	\$
<b>Total Assets</b>	\$	<b>Total Liabilities and Net Worth</b>	\$

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

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

(COMPLETE SCHEDULES AND SIGN ON THE LAST PAGE)

**SUPPLEMENTARY SCHEDULES**

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

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)

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

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

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

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name



**Florida Office of Insurance Regulation**

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**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE**

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 at the following 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 CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## INSTRUCTIONS

### SECTION I - APPLICATION & FEES

#### Section I-1            **Application and License Fees**

Applicants must pay an application fee of \$250 USD and a license fee of \$300 USD, pursuant to Section 642.0301, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

#### 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            **Application Checklist and Certification**

Applicant should have pages 9-12 completed and returned with its application.

# APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## SECTION II - LEGAL

### **Section II-1           Articles of Incorporation**

Submit a copy of Applicant's Articles of Incorporation, complete with all amendments, certified within the last year by the Florida Secretary of State.

### **Section II-2           Certificate of Status from Florida**

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

### **Section II-3           Company Bylaws**

Submit a copy of Applicant's Bylaws. 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-4           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-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.

# APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## SECTION III – FINANCIAL

### **Section III-1**      **Financial Statements**

Applicant must submit complete financial statements for the 3 most recent years, reflecting a net worth of at least \$10,000 USD or 10% of Applicant's total liabilities, whichever is greater, and contain a balance sheet, income statement, retained earnings statement, and statement of cash flows. These statements should be certified as true and correct by two officers and the most recent may not be more than 12 months old.

Applicant should also submit the same for its immediate parent, if applicable.

### **Section III-2**      **Financial Requirements**

Applicant must agree to establish and maintain an unearned premium reserve as outlined by Section 625.051, Florida Statutes, and Rule 69O-201.005, Florida Administrative Code.

### **Section III-3**      **Deposit**

Pursuant to Section 642.023, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of one of the two options below:

- a. a securities deposit of \$50,000 USD

A securities deposit should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required 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

- b. a surety bond for \$50,000 USD

Pursuant to Section 642.023(2), Florida Statutes, and subject to the approval of the Office, a Legal Expense Insurance Corporation may file a surety bond issued by an authorized surety insurer in lieu of the deposit outlined above. See Form OIR-A3-478, Legal Expense Insurance Corporation Surety Bond. These amounts may be adjusted annually pursuant to Section 642.023(1), Florida Statutes.

# APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## **Section III-4 Plan of Operations**

It is important for the Office to have a clear understanding of the proposed operations of the Legal Expense Insurance Corporation and the goals it seeks to achieve. To fulfill this requirement, the Plan of Operations must contain the following information:

- a. The geographical area in which Applicant intends to conduct business in the first 5 years;
- b. The types of insurance intended to be written in the first 5 years, including specification as to whether and to what extent indemnity, rather than service benefits, is to be provided; and
- c. The proposed marketing methods.

Additionally, Applicant must provide the following information:

- d. 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;
- e. A statement of the amount and sources of funds available for organization expenses and the proposed arrangements for reimbursement and compensation of incorporators, shareholders, or other persons;
- f. A statement of compensation to be provided to officers and directors;
- g. A copy of each agreement relating to Applicant to which any director, officer, or any shareholder who owns or controls 10% or more of Applicant is a party; and
- h. A statement signed by two officers attesting that Applicant is knowledgeable of the provisions of Chapter 642, Florida Statutes, and is otherwise in compliance with the law.

# APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## **Section III-5            Financial Projections**

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract.

## **Section III-6            States Where Applicant is Currently Doing Business**

In this section, Applicant should provide a list of states in which it or affiliated companies conduct legal expense insurance business.

## **Section III-7            Alphabetical List of Proposed Sales Representatives**

Applicant should provide a list of its proposed sales representatives. It is understood that most Applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

## **Section III-8            Forms and Rates**

Applicant shall provide the form of all legal service contracts that Applicant proposes to offer, showing the rates to be charged for each form of the contract, as well as the forms to be used for any proposed contracts between Applicant and the participating attorneys, as well as any proposed contracts between Applicant and corporations which perform administration, marketing, or management services, and the forms relating to the provision of services to insureds.

Applicant shall provide evidence that it has filed the information required by Section 642.021(3), Florida Statutes, with the Florida Bar.

# APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## 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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each individual listed in Section IV-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 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

# APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## **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](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 CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## CHECKLIST

Applicant Name: \_\_\_\_\_

Federal Employer 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 FORM & FEES

- 1. Application and license fees paid
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Application certification and checklist

### SECTION II – LEGAL

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



# APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## CHECKLIST

### SECTION III – FINANCIAL

- 1. Financial Statements
  - a. Balance Sheet
  - b. Income Statement
  - c. Retained earnings statement
  - d. Statement of Cash Flows
  - e. Certified by 2 Officers
  - f. Not more than 12 months old
  - g. Provided for Parent (as applicable)
- 2. Financial Requirements
  - a. Statement regarding unearned premium reserves
- 3. Securities Deposit (a **or** b)
  - a. Securities deposit of \$50,000 USD; **or**
  - b. Surety Bond for \$75,000 USD
    - i. OIR-A3-478, Legal Expense Insurance Corporation Surety Bond
- 4. Plan of Operations
  - a. Geographical area
  - b. Types of insurance
  - c. Organizational chart
  - d. Amount and source of funds
  - e. Statement of compensation
  - f. Copy of agreements
  - g. Officer attestation
- 5. List of states where Applicant and affiliates are currently doing business
- 6. Financial Projections for 3 years
- 7. List of Proposed Sales Representatives (Form OIR-C1-995)
- 8. Forms and Rates
  - a. Forms for all legal service contracts with rates
  - b. Forms for any proposed contracts between Applicant and attorneys
  - c. Forms for any proposed contracts between Applicant and other corporations
  - d. Evidence that the above has been filed with the Florida Bar

# APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## CHECKLIST SECTION IV – MANAGEMENT

- 1. Management Information Form (OIR-C1-2221) submitted for all required entities
- 2. Uniform Certificate of Authority Application (UCAA) Biographical Affidavit (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. See Form OIR-C1-905 Instructions for Furnishing Background Investigative Reports.
  - a. Proof of order and confirmation of payment submitted to the Office
- 4. Fingerprint cards for all required individuals. See Form OIR-C1-938, Fingerprint Payment and Submission Procedures.
  - a. All information completed (no blanks)
  - b. Signed

# APPLICATION FOR CERTIFICATE OF AUTHORITY LEGAL EXPENSE INSURANCE

## 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 Legal Expense Insurance Corporation; 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.



## **Florida Office of Insurance Regulation**

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### **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

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 at the following 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 LICENSE HOME WARRANTY ASSOCIATION

## INSTRUCTIONS

### SECTION I - APPLICATION FEES

#### **Section I-1          Application Fees**

Applicants must pay a license fee of \$200 U.S. Dollars (“USD”), pursuant to Section 634.306(3)(c), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

#### **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          Application Checklist and Certification**

Applicant should fill out pages 9-12 and submit it with the application.

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## SECTION II - LEGAL

### **Section II-1           Articles of Incorporation**

Submit a copy of Applicant's Articles of Incorporation, or other charter 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           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-6           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-7           Fictitious Name Filing**

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

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## SECTION III – FINANCIAL

### **Section III-1      Financial Statements**

Applicant must submit complete financial statements that contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

### **Section III-2      Financial Requirements**

The applicant must comply with one of the following two options:

- a. Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.3077(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable.
- b. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.3077(1), Florida Statutes. If the applicant has home warranties on its books at the time of application, provide a list of the assets funding the reserve.

### **Section III-3      Deposit**

Pursuant to Section 634.305, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of either:

- a. a securities deposit of \$100,000 USD, or
- b. a securities deposit of \$25,000 USD, as well as a surety bond for \$75,000 USD. See Form OIR-A3-455, Home or Service Warranty Association Surety Bond.

These deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required 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

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## Section III-4 Plan of Operations

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

- a. **History:** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this State as will tend to mislead or confuse the public, as required by Section 634.304 (3), Florida Statutes.

- b. **Organizational Chart:** Furnish 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.
- c. **Management:** Applicant should provide its home warranty experience in the areas of marketing, claims handling, accounting, and investments.
- d. **Products:** Applicant should give a description of each product it plans to market.
- e. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.

## Section III-5 Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.



## **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

### **Section III-6            States Where Applicant is Currently Doing Business**

Applicant should provide a list of states in which it or affiliated companies conduct home warranty business.

### **Section III-7            Alphabetical List of Proposed Sales Representatives**

Applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## 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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each individual listed in Section IV-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 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

## APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

### **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](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 LICENSE HOME WARRANTY ASSOCIATION

## 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 FORM & FEES

- 1. Application fee paid
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Application checklist and certification

### SECTION II – LEGAL

- 1. Articles of Incorporation
  - a. Certified by public official
- 2. Certificate of Status from Domiciliary Jurisdiction (if applicable)
- 3. Certificate of Status from Florida
- 4. Company Bylaws
  - 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 LICENSE HOME WARRANTY ASSOCIATION

## SECTION III – FINANCIAL

### 1. Financial Statements

- a. Balance Sheet
- b. Income Statement
- c. Statement of Cash Flows
- d. Certified by 2 Officers
- e. Not more than 12 months old
- f. Provided for Parent (as applicable)

### 2. Financial Requirements (a **or** b)

- a. Executed Contractual Liability Policy, **or**
- b. A sworn statement to establish and maintain an unearned premium reserve
  - i. List of assets funding the reserve (if applicable)

### 3. Securities Deposit (a **or** b)

- a. Securities deposit of \$100,000 USD; **or**
- b. Securities deposit of \$25,000 USD and Surety Bond for \$75,000 USD
  - i. OIR-A3-455, Home or Service Warranty Association Surety Bond.

### 4. Plan of Operations

- a. History
- b. Organizational Chart
- c. Management
- d. Products
- e. Marketing and Growth
- f. Contract Forms

### 5. List of states where Applicant and affiliates are currently doing business

### 6. Financial Projections for 3 years

- a. Florida
- b. Nationwide

### 7. Alphabetical List of Proposed Sales Representatives

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## 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 (For 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 LICENSE HOME WARRANTY ASSOCIATION**

**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 Home Warranty Association; 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.



**Florida Office of Insurance Regulation**

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**APPLICATION FOR CERTIFICATE OF AUTHORITY  
HEALTH MAINTENANCE ORGANIZATION**

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 at the following link:

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

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



**APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE  
ORGANIZATION**

**NOTE:** Pursuant to Section 641.2015 and 641.19, Florida Statutes, in order to qualify as a Health Maintenance Organization (“HMO”), an entity must:

- a. Be incorporated or be a division of a corporation formed under the provisions of either Chapter 607 or Chapter 617 or shall be a public entity that is organized as a political subdivision. [s. 641.2015, F.S.];
- b. Provide emergency care, inpatient hospital services, physician care including care provided by physicians licensed under Chapters 458, 459, 460, and 461, ambulatory diagnostic treatment, and preventive health care services. [s.641.19(12)(a), F.S.];
- c. Provide either directly or through arrangements with other persons, health care services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed-sum basis. [s.641.19(12)(b), F.S.];
- d. Provide either directly or through arrangements with other persons, comprehensive health care services which subscribers are entitled to receive pursuant to a contract. [s.641.19(12)(c), F.S.];
- e. Provide physician services, by physicians licensed under Chapters 458, 459, 460, and 461, directly through physicians who are either employees or partners of such organization or under arrangements with a physician or any group of physicians. [s.641.19(12)(d), F.S.]; and
- f. If an HMO offers services through a managed care system, then the managed care system must be a system in which a primary physician licensed under Chapter 458 or Chapter 459 and Chapters 460 and 461 is designated for each subscriber upon request of a subscriber requesting service by a physician licensed under any of those chapters, and is responsible for coordinating the health care of the subscriber of the respectively requested service and for referring the subscriber to other providers of the same discipline when necessary. Each female subscriber may select as her primary physician an obstetrician/gynecologist who has agreed to serve as a primary physician and is in the health maintenance organization's provider network [s.641.19(12)(e), F.S.]

Although a pre-filing conference is not a statutory requirement, it has proven beneficial to both Applicant and the Office. To schedule a conference, please email [lhappcoord@flair.com](mailto:lhappcoord@flair.com) or call (850) 413-2512.

**APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE  
ORGANIZATION**

**INSTRUCTIONS**

**SECTION I - APPLICATION FEES**

**Section I-1 Application Fee & Deposit**

- a. Applicant must pay the application fee of \$1,000 U.S. Dollars ("USD"), pursuant to Section 641.29(1), Florida Statutes. This fee is due when the application packet is filed and is not refundable.
- b. In compliance with Section 641.227(1), Florida Statutes, Applicant must also submit a deposit for \$10,000 USD for use in the Rehabilitation Administrative Expense Fund.

**Section I-2 Assessment**

Applicant must submit a check for \$25,000 USD made payable to "Florida HMO Consumer Assistance Plan" to cover the special assessment required by Section 641.228(1), Florida Statutes. Mail the check to:

Bruce D. Platt, Plan Manager  
201 E. Park Ave, Suite 300  
Tallahassee, FL 32301  
(850) 425-1628

Submit a copy of your transmittal letter to the Plan Manager and the check with your application filing.

**Section I-3 Fingerprint Processing 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-4 Application Certification**

Pursuant to Section 641.21(1), Florida Statutes, each HMO application must be verified by the oath of two officers of the corporation and notarized. Accordingly, Applicant should have **two copies of page 15** executed and submitted with its application.

**APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE  
ORGANIZATION**

**SECTION II - LEGAL**

**Section II-1 Articles of Incorporation**

Submit a copy of Applicant's Articles of Incorporation complete with all amendments and certified within the last year by the Florida Secretary of State.

**Section II-2 Bylaws**

Submit a copy of Applicant's Bylaws or equivalent document. This should be certified within the last year by Applicant's Secretary as a true and correct copy of the current document. Only the Secretary's signature will be accepted, unless Applicant does not have this position.

**Section II-3 Florida Certificate of Status**

Submit a Certificate of Status issued within the last year by the Florida Secretary of State.

**Section II-4 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-5 Fictitious Name Filing**

If the Applicant plans to utilize a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

**APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE  
ORGANIZATION**

**SECTION III - FINANCIAL AND RELATED INFORMATION**

**Section III-1 Insurance**

- a. Furnish evidence of adequate insurance coverage or an adequate plan for self-insurance to respond to claims for injuries arising from the provision of health care services. If not self-insured, submit executed copies of the following policies, with the Office listed on the policies for purposes of notification of any modification, cancellation, or termination of the policies:
  - i. General liability
  - ii. Medical malpractice or professional liability. The HMO must secure this coverage. The fact that the medical provider has this coverage does not release the HMO from the obligation to secure it. A binder for the policies along with a specimen copy of each policy can be submitted initially. Prior to licensure, executed copies of the policies must be submitted.
- b. Furnish a photocopy of an executed fidelity bond in the minimum amount of \$100,000 USD issued by a Florida authorized insurance carrier and covering all employees handling funds.
- c. Describe how the HMO limits or proposes to limit its financial risk. If the HMO secures catastrophic or reinsurance coverage, it is required to submit copies of the applicable policy with the Office. Any reinsurance agreement must comply with Section 624.610, Florida Statutes, and Rule Chapter 69O-144, Florida Administrative Code.

**NOTE:** Describe any risk sharing arrangements with providers or any other parties. Reference by page number sections of any provider contracts which demonstrate the sharing of risk between the HMO and providers.

**Section III-2 Financial Statements**

- a. Provide a copy of the most recent audited independent certified public accountant's report prepared on the basis of statutory accounting principles. If the applicant is a development stage company that has not begun operations, an audited balance sheet should be provided. The financial statements should reflect sufficient surplus to meet the requirements of Section 641.225, Florida Statutes.
- b. Provide all quarterly financial statements covering the current year-to-date reporting period signed by the company's officers under notary seal.

**APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE  
ORGANIZATION**

**Section III-3 Plan of Operations**

Provide a statement generally describing present and proposed operations. State whether the HMO will be organized for profit or not for profit and whether it will be a Staff Model, IPA Model, or Combination Model HMO. Also, identify the HMOs fiscal year end date. The plan of operations should be for the greater of three years or until the health maintenance organization has been projected to be profitable for twelve consecutive months.

If the HMO intends to market to small groups as defined by the Employee Health Care Access Act, s. 627.6699, Florida Statutes, please complete and submit the attached Small Employer Carrier's Application To Become A Risk Assuming Carrier Or A Reinsuring Carrier, As Required By Section 627.6699(9), Florida Statutes (Form OIR-B2-1093).

If the plan of operation indicates that the HMO will receive Medicaid funds, list all contracts and agreements and any information relative to any payment or agreement to pay, directly or indirectly, a consultant fee, a broker fee, a commission, or other fee or charge related in any way to the application for a certificate of authority or the issuance of a certificate authority. Such list shall provide the following, including, but not limited to, the name of the person or entity paying the fee; the name of the person or entity receiving the fee; the date of payment; and a brief description of the work performed.

**Section III-4 Marketing and Growth**

Submit a description of the proposed method of marketing, including the target groups, types of coverage to be offered, and advertising media to be used. Include a statement describing with reasonable certainty the geographic area or areas to be served by the HMO. Identify competing HMOs operating in the same geographic service area, as well as the market penetration of each. Also, identify the major differences between the applicant HMO and its competitors.

**Section III-5 Pro Forma Statements**

Submit a pro forma balance sheet and income statement on a statutory basis at monthly intervals (with an annual total) for a minimum three-year period (greater of three years or until the health maintenance organization has been projected to be profitable for twelve consecutive months.) All assumptions used in deriving the pro forma statements must be provided. A Statement of Changes in Financial Position and a Statement of Cash Flows should be provided for the same period covered by the balance sheet and income statement.

# APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE ORGANIZATION

## **Section III-6 Statement of Initial Cash**

Submit a statement of the proposed initial cash and cash reserves summary, including loan receipts, loan repayments, stock sales, etc. Also, describe the sources and terms of the funding. In the case of guaranteeing organizations, as referenced in Section 641.225, Florida Statutes, submit audited financial statements, certified by an independent certified public accountant, prepared in accordance with generally accepted accounting principles, covering its two most current annual accounting periods.

## **Section III-7 History**

Provide a brief history of the company since its incorporation. Include any predecessor corporations or organizations, mergers, reorganizations, or changes of ownership. Specify the parties and dates involved.

## **Section III-8 Insolvency Protection**

Provide the method in which the applicant will comply with the insolvency protection requirements of Section 641.285, Florida Statutes, including all relevant documentation necessary to meet the requirements. Each HMO must comply with the insolvency protection requirements of Florida law. This is accomplished through a deposit of \$300,000 USD in accordance with Section 641.285, Florida Statutes..

## **Section III-9 Contingency Plans**

Provide any contingency plans for additional capital should the HMO fail to maintain minimum surplus requirements as mandated by Section 641.225, Florida Statutes.

## **Section III-10 Feasibility Study**

Submit a comprehensive feasibility study, performed by a certified actuary in conjunction with a certified public accountant, which includes a rate and financial analysis, as well as enrollment projections and assumptions and competitor information. The study shall be for the greater of three years or until the HMO has been projected to be profitable for twelve consecutive months. The study shall show that the HMO will maintain, at all times, the minimum surplus required by Section 641.225, Florida Statutes, and will not, at the end of any month of the projection period, have less than the minimum surplus as required by Section 641.225, Florida Statutes. The feasibility study shall contain an opinion by the certified public accountant and actuary performing the study which shall opine as to the reasonableness of the assumptions used in the feasibility study and that the assumptions are reasonably applied.

The financial portion of the study shall be prepared in accordance with standards promulgated by the American Institute of Certified Public Accountants in its "Guide for Prospective Financial Statements" and opined accordingly. The actuarial portion of the study shall be prepared in accordance with standards promulgated by the American Academy of Actuaries and opined accordingly. The feasibility study shall contain nothing less than an "examination opinion."

**OIR-C1-942**

**Rev.: 04/24**

**Rule: 69O-136.100**

**APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE  
ORGANIZATION**

**Section III-11 Contracts**

- a. A copy of each type of contract made, or to be made, between the applicant and any providers (i.e hospitals, physicians, physician groups) regarding the provision of health care services to enrollees. All such contracts shall comply with Section 641.315, Florida Statutes.
- b. A copy of the form of any contract made or to be made between the applicant and senior management employment, as well as any person, corporation, partnership, or other entity for the performance on the applicant's behalf of any function including, but not limited to, marketing, administration, enrollment, investment management, and subcontracting for the provision of health care services to enrollees. All such contracts shall comply with Section 641.234, Florida Statutes and 641.315, F.S. if applicable.

**Section III-12 Grievance Procedure**

A statement describing the HMO's grievance procedure that will facilitate the resolution of subscriber grievances. The grievance procedure must include both formal and informal steps for resolving grievances and must be in compliance with all requirements set forth in Rule 69O-191.078, F.A.C., s.641.21(1)(e), & s. 641.22(9), F.S.

**Section III-13 Bankruptcy Proceedings**

Submit evidence of compliance with Section 641.215, Florida Statutes. This documentation should contain:

- A. An acknowledgment that a delinquency proceeding pursuant to Part I of Chapter 631 or supervision by the Office pursuant to s. 624.80-624.87, Florida Statutes, constitutes the sole and exclusive method for the liquidation, rehabilitation, reorganization, or conservation of a health maintenance organization.
- B. A waiver of any right to file or be subject to a bankruptcy proceeding; and
- C. An acknowledgment that the commencement of a bankruptcy proceeding either by or against a health maintenance organization shall, by operation of law, terminate the health maintenance organization's certificate of authority and vest in the Office for the use and benefit of the subscribers of the health maintenance organization the title to any deposits of the insurer held by the Office.

**APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE  
ORGANIZATION**

**Section III-14 Health Care Provider Certificate**

Submit documentation demonstrating that the entity has filed an application for a Health Care Provider Certificate to be issued by the Agency for Health Care Administration (AHCA) pursuant to Chapter 641, Part III, Florida Statutes. Documentation may be provided in the form of an acknowledgement from the Agency for Health Care that the application has been received by them.

**NOTE:** The Office will begin its review of an application for a Certificate of Authority any time after an organization has filed an application for the certificate with the Agency for Health Care Administration. The Office shall not issue a Certificate of Authority to any applicant, which does not possess a valid Health Care Provider Certificate. Once the Health Care Provider Certificate is issued, a copy must be provided to the Office of Insurance Regulation.



**APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE  
ORGANIZATION**

**SECTION IV - MANAGEMENT**

**Section IV-1      List of All Officers, Directors, and Stockholders, etc**

1. Using the Management Information Form (Form OIR-C1-2221), list the names, addresses, and official capacities with the organization of the persons who are to be responsible for the conduct of the affairs of the health maintenance organization, including all officers, directors, and owners of in excess of 5% of the common stock of the corporation, and contracted management company personnel. Such persons shall fully disclose to the office and the directors of the health maintenance organization the extent and nature of any contracts or arrangements between them and the health maintenance organization, including any possible conflicts of interest.

Additionally, list any person having the right to acquire 10% or more of Applicant's voting securities, or any person otherwise having direct or indirect control of Applicant, or who influences or has the ability to influence the transaction of Applicant's business, up to and including Applicant's ultimate parent.

A separate Management Information Form should be submitted for each entity. Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

2. If Applicant is a subsidiary of a parent or holding company, provide a complete organization chart showing the relationship of all affiliated entities.

**Section IV-2      Biographical Affidavits for Officers, Directors, and Stockholders**

Provide a Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each individual listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. 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 1 year 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.

**OIR-C1-942**  
**Rev.: 04/24**  
**Rule: 69O-136.100**

## **APPLICATION FOR CERTIFICATE OF AUTHORITY HEALTH MAINTENANCE ORGANIZATION**

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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

### **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](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.

**OIR-C1-942**  
**Rev.: 04/24**  
**Rule: 69O-136.100**

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
HEALTH MAINTENANCE ORGANIZATION**

**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 FORM & FEES**

- 1. Application fee paid
- 2. Rehabilitation Administration Expense fee paid
- 3. Assessment fee paid
  - a. Copy of check and transmittal letter submitted
- 4. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 5. Application certification
  - a. Submitted for two officers

**SECTION II - LEGAL**

- 1. Articles of Incorporation
  - a. Certified by Florida Secretary of State
- 2. Bylaws
  - a. Certified by Secretary
- 3. Certificate of Status from Florida
- 4. Authorization Letter
- 5. Fictitious Name Filing (if applicable)

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
HEALTH MAINTENANCE ORGANIZATION**

**CHECKLIST**

Applicant Name: \_\_\_\_\_

**SECTION III - FINANCIAL**

**1. Insurance**

**a. Evidence of insurance or self-insurance**

**i. If not self-insured provide copies of the following:**

**1. General liability**

**2. Medical malpractice or general liability**

**b. Copy of fidelity bond**

**c. Description of risk plan, and copies of catastrophic or reinsurance coverage as applicable**

**2. Financial Statements**

**a. Copy of most recent audited certified public accountant's report**

**b. Quarterly financial statements**

**3. Plan of operations**

**a. All required elements**

**b. Small Employer Carrier's Application To Become A Risk Assuming Carrier Or A Reinsuring Carrier, As Required By Section 627.6699(9), Florida Statutes (Form OIR-B2-1093) if applicable**

**c. Medicaid information if applicable**

**4. Marketing and growth**

**5. Pro forma**

**a. Statement of Changes in Financial Position**

**b. Statement of Cash Flows**

**6. Statement of initial cash**

**a. Audited financial statements of any guaranteeing organization**

**7. History**

**8. Insolvency protection**

**a. Deposit in accordance with Section 641.285, Florida Statutes**

**9. Contingency plans**

**10. Feasibility study**

**OIR-C1-942**

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**APPLICATION FOR CERTIFICATE OF AUTHORITY  
HEALTH MAINTENANCE ORGANIZATION**

- 11. Contracts
  - a. Copy of each type of contract made or to be made between Applicant and any providers regarding the provision of health care services
  - b. Copy of the form of any contract made or to be made between Applicant and various employees
- 12. Grievance procedures
- 13. Bankruptcy proceedings
  - a. Evidence of compliance should contain:
    - i. Delinquency acknowledgment
    - ii. Waiver of right to file or be subject to bankruptcy proceeding
    - iii. Acknowledgement regarding bankruptcy and Certificate of Authority
- 14. Health care provider certificate

**SECTION IV - MANAGEMENT**

- 1. Management Information Forms (Form OIR-C1-2221)
  - a. Submitted for all required entities
  - b. Organizational chart showing all affiliated entities (if applicable)
- 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 (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 CERTIFICATE OF AUTHORITY  
HEALTH MAINTENANCE ORGANIZATION**

**APPLICATION CERTIFICATION**

The undersigned states that they are an officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_  
("Applicant") to operate a health maintenance organization 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 represents that they have the authority to bind the Applicant, and that by their signature on the instrument, the Applicant has executed the instrument.

The undersigned understands 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.

[Corporate Seal]

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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 \_\_\_\_\_  
(name of person)

as \_\_\_\_\_ for \_\_\_\_\_  
(type of authority; e.g., officer) (company name)

\_\_\_\_\_  
(Signature of the Notary)

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**OIR-C1-942**  
**Rev.: 04/24**  
**Rule: 690-136.100**



## **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**

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**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 at the following 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 LICENSE 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.

#### 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            **Application Checklist and Certification**

Applicant should have pages 8-11 completed and submitted with its application.

### 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 business entities 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.

## APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

### **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, unless Applicant does not have this position.

### **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 Applicant plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

## SECTION III – FINANCIAL

### **Section III-I            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 Applicant; **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 Applicant.
  - 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

## APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

- 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.
- 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 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 an 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.

## APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

- 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 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.
- g. Organizational Charts:** Provide 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-C1-957 Instructions for Statutory Compliance of Forms: Premium Finance Companies, for guidance.

**OIR-C1-958**  
**Rev.: 04/24**  
**Rule 69O-136.100**

# APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

## 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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) 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 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

## APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

### **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](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 LICENSE PREMIUM FINANCE COMPANY

## CHECKLIST

Applicant Name: \_\_\_\_\_

Federal Employer 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 FORM & FEES

- 1. Application fee paid
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Application certification and 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. Authorization Letter (if applicable)
- 6. Fictitious Name Filing (if applicable)

# APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

## CHECKLIST

Applicant Name: \_\_\_\_\_

### 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 \$10,000 USD and Premium Finance Company Surety Bond (Form OIR-A3-453) for \$35,000 USD.
  - i. Or, proof of deposit in lieu of surety bond (as applicable)
- c. Proof of errors & omissions coverage
  - i. Or, self-insured errors and omissions coverage (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

# APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

## CHECKLIST

Applicant Name: \_\_\_\_\_

### SECTION IV – MANAGEMENT

- 1. Management Information Form (OIR-C1-2221) submitted for all required entities
- 2. Uniform Certificate of Authority Application (UCAA) Biographical Affidavit (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 (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 LICENSE 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.



**Florida Office of Insurance Regulation**

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**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

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 at the following link:

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

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

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**INSTRUCTIONS**

**SECTION I - APPLICATION FEES AND FORM**

**Section I-1    Application Fees**

Applicants must pay a filing fee of \$1,500 USD, pursuant to Section 624.501(1)(a), Florida Statutes. The fee is due at the time the application is filed and not refundable.

**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    Application Certification**

The Application Certification on page 17 must be completed by two officers, notarized, and submitted with the application.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**SECTION II – LEGAL**

**Section II-1 Organizational Documents of Sponsoring Association**

Submit a copy of the sponsoring association’s organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, etc., 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. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant. If the sponsoring association is not incorporated, and has no similar organizational documents, please provide a statement that no such documents exist.

**Section II-2 Florida Certificate of Status of Sponsoring Association**

Submit a Florida certificate of status for the sponsoring association dated within the last year. This document is not required if the sponsoring association is not incorporated or otherwise required to be registered as a legal entity.

**Section II-3 Bylaws of Sponsoring Association**

Submit a copy of the sponsoring association’s Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by sponsoring association’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, unless the sponsoring association does not have this position. If the sponsoring association does not have Bylaws, an Operating Agreement, Constitution, Rules and Regulations, or similar organizational document, please provide a statement that no such documents exist.

**Section II-4 Organizational Documents of the Arrangement**

Submit a copy of the arrangement’s organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, etc., 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. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant. If the arrangement is not incorporated, and has no similar organizational documents, please provide a statement that no such documents exist.

**Section II-5 Florida Certificate of Status of the Arrangement**

Submit a Florida certificate of status for the arrangement dated within the last year. This document is not required if the arrangement is not incorporated or otherwise registered as a legal entity.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**Section II-6    Bylaws of the Arrangement**

Submit a copy of the arrangement's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by the arrangement'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, unless the arrangement does not have this position. If the arrangement is not incorporated, and has no similar organizational documents, please provide a statement that no such documents exist. If the arrangement does not have Bylaws, Rules and Regulations or similar organizational document, please provide a statement that no such documents exist.

**Section II-7    Trust Agreement Establishing the Arrangement**

Provide a copy of the Trust Agreement by which the sponsoring association establishes the arrangement and its operations. The Trust Agreement must be signed by all of the trustees.

If the Trust Agreement or Bylaws do not specifically indicate the following, please attach other documents that establish the following and indicate where in the documents these provisions may be found:

1. The board of trustees shall have complete fiscal control over the arrangement;
2. The board of trustees shall be responsible for all operations of the arrangement;
3. The trustees selected shall be owners, partners, officers, directors, or employees of one or more employers in the arrangement;
4. A trustee may not be an owner, officer, or employee of the administrator or service company of the arrangement; and
5. The trustees shall have the authority to approve applications of association members for participation in the arrangement and to contract with an authorized administrator or service company to administer the day-to-day affairs of the arrangement.

**Section II-8    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.



**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**SECTION III - FINANCIAL AND RELATED INFORMATION**

**Section III-1 Financial Requirement**

Existing arrangements must submit a copy of its most recent IRS Federal Form 5500, Annual Return/Report of Employee Benefit Plan.

**Section III-2 Plan of Operations**

It is important for the Office to have a clear understanding of the proposed operations of the arrangement and the goals it seeks to achieve. To fulfill this requirement, submit a plan of operations that includes all of the components below.

- A. Current Operations: Applicant should identify the number of employers currently participating in the arrangement, the number of covered employees, and the number of covered dependents.
- B. Management: Provide the name and address of the employer of each trustee and indicate which of the following positions the trustee holds with that employer: owner, partner, officer, director, or employee.

Applicant should also list the individuals responsible for managing or handling funds or assets of the arrangement.

- C. Administration: Provide the name of the service company or third-party administrator responsible for servicing the program of the arrangement and attach a copy of the company's Florida license.

Attach a copy of the agreement between the service company or administrator and the trust. This agreement should be signed by the administrator and trustee.

- D. Claims Adjusting and Underwriting: Describe Applicant's plan for administering the arrangement, including the qualifications and amount of staff that will be required to service the program in the areas of claims adjusting, underwriting, and billing. The criteria for underwriting should be justified, and a description of procedures for a special health test pursuant to Section 627.429(4), Florida Statutes, should be included.
- E. Marketing and Growth: Provide an outline and description of management's marketing efforts.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**Section III-3 Fidelity Bond**

In this section, provide a copy of the fidelity bond issued in the name of the arrangement covering its trustees, directors, officers, employees, administrator, or other individuals managing or handling the funds or assets of the arrangement. The bond should be in an amount not less than 10% of funds handled annually, but in no case may it be less than \$50,000 USD or more than \$500,000 USD, except for as provided in Section 624.439(5), Florida Statutes.

**Section III-4 Excess Insurance Agreement**

Submit a copy of the present or proposed excess insurance agreement/policy, which should provide that the net retention level for any one risk not exceed \$50,000 USD, and which shall otherwise be in accordance with sound actuarial principles. In addition to the agreement, please submit a summary of the agreement with enough detail to describe the nature of the coverage.

If Applicant would like to request a waiver or modification of the maximum net retention requirement, please provide evidence of the conditions set forth in Section 624.439(6)(b), Florida Statutes.

**Section III-5 Fund Balance**

Provide evidence that the arrangement has a fund balance equal to \$200,000 USD, which is in addition to the required statutory deposit. Evidence may include a current bank statement or a certified financial statement. The fund balance of at least \$200,000 USD should be reflected in the projections of the feasibility study.

**Section III-6 Feasibility Study**

The Applicant must submit a feasibility study done by an independent qualified actuary and an independent certified public (see Section V-3). The study should be for the greater of 3 years or until the arrangement has been projected to be profitable for 12 consecutive months.

The study must show that the arrangement would not, at any month-end of the projection period, have less than the minimum statutory deposit required by Section 624.441, Florida Statutes, or have a fund balance less than the amount required by Section 624.4392, Florida Statutes. The study must also reflect and support that initial gross premiums for the first year of operation will be at least \$100,000 USD, as required by Section 624.439(7)(b), Florida Statutes.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

The feasibility study must include the following.

- A. A description of market potential, market penetration, and market competition.
- B. A current audited financial statement must be submitted for the proposed arrangement. The audited statement must be certified by an independent certified public accountant. If your group is already operating, submit an annual income statement developed on a statutory accounting principle basis for the past 5 years.

NOTE: The current financial statement should include a balance sheet. If the organization is already in business, it should also include an income statement as well as a statement of changes in financial position. Each arrangement must demonstrate that it will have adequate funding to continually meet the minimum fund balance requirements of Section 624.4392, Florida Statutes. Surplus notes may be used in the calculation of surplus.

- C. Pro forma financial statements in Excel format including each of the following:
  - 1. A projected income statement on a monthly basis, with an annual total, through break even. The income statement should be for a minimum of 3 years and should be developed on a statutory accounting principle basis.
  - 2. A projected cash flow analysis on a monthly basis, with an annual total through break even for a minimum of 3 years. Line by line documentation must be submitted. The surplus/ deficit must be the amount used on the cash and cash reserves summary to reflect operations cash flow.
  - 3. A projected balance sheet annually through break even. The balance sheet should be for a minimum of 3 years and should be developed on a statutory accounting principle basis. It should be accompanied by statements of changes in financial position for the same time period.
- D. A statement of the proposed initial cash and cash reserves summary. This should be all inclusive (loan receipts, loan repayments, stock sales, etc). Also, include a description of the source and terms of the funding.
- E. The method in which the Multiple Employer Welfare Arrangement will comply with the insolvency protection deposit requirements of Section 624.441, Florida Statutes, including all relevant documentation necessary to meet the requirements. The deposit amount should be the greater of 5% of gross annual premiums for the succeeding year, or 25% of claims expenditures for the previous twelve months.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**SECTION IV - MANAGEMENT**

**Section IV-1 Management**

- A. Applicant must submit an alphabetical list of the names, address, and official capacity/title (trustee, president, vice-president, secretary, treasurer, chief financial officer, etc) of the individuals who are to be responsible for the management and conduct of affairs of the arrangement (Management Information Form, OIR-C1-2221). Including, but not limited to, all trustees, managers, officers, and directors. Names should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.
  
- B. All individuals listed in part A above must disclose to the Office the extent and nature of any contracts or other understandings or agreements between themselves and the arrangement, including any possible conflicts of interest.

**Section IV-2 Biographical Affidavits**

Provide a Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each individual 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

**OIR-C1-983**  
**Rev.: 04/24**  
**Rule 690-136.100**

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**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](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 CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**SECTION V - FORMS AND RATES**

**Section V-1    Forms**

No business may be written until the Office has approved forms. Submit the policy, contract, certificate of coverage, summary plan description, and/or other evidence of the benefits and coverages provided to each covered employee.

Evidence of benefits and coverages must contain in bold faced print of at least 12-point type in a conspicuous location, the following statement:

The benefits and coverages described herein are provided through a trust fund established and funded by a group of employers. It is not an insurance company and is not protected by a guaranty fund in the event of insolvency. Participating employers are assessable for any losses incurred by the trust.

Each policy issued by the arrangement must contain a statement of the contingent liability. Both the application for insurance and policy shall contain, in contrasting color and not less than 10-point type, the following statement: "This is a fully assessable policy. In the event the arrangement is unable to pay its obligations, policyholders (employers) will be required to contribute on a pro rata earned premium basis the money necessary to meet any unfilled obligations."

Forms must also meet the Flesch score requirements of Section 627.4145, Florida Statutes.

**Section V-2    Rates**

Submit a complete schedule of proposed premium rates for each type of contract.

**Section V-3    Actuarial Rate Analysis**

Applicant should submit a report prepared by a certified actuary, who is a member of the Society of Actuaries or the American Academy of Actuaries. The report should provide evidence that the arrangement will be operated in accordance with sound actuarial principles, that proposed rates are not inadequate, that the rates are appropriate for the class of risks for which they have been computed, and that an adequate description of the rating methodology has been filed with the Office and such methodology follows consistent and equitable actuarial principles. The actuarial justification of rates should be prepared in accordance with standards promulgated by the American Academy of Actuaries and opined accordingly. Specific elements that must be included are listed in item 3 on page 16 under Forms and Rates.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**CHECKLIST**

Applicant Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

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. Application fee paid
  
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
  
- 3. Application Certification (page 17)
  - a. Two copies, each filled out by a different officer
  - b. Notarized

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Applicant Name: \_\_\_\_\_

**SECTION II – LEGAL**

- 1. Organizational Documents of Sponsoring Organization (if applicable)
  - a. Certified by public official within the last year
- 2. Florida Certificate of Status of Sponsoring Organization (if applicable)
  - a. Certified within the last year
- 3. Bylaws of Sponsoring Organization (if applicable)
  - a. Certified by Secretary within the last year
- 4. Organizational Documents of the Arrangement (if applicable)
  - a. Certified by public official within the last year
- 5. Florida Certificate of Status of the Arrangement (if applicable)
  - a. Certified within the last year
- 6. Bylaws of the Arrangement (if applicable)
  - a. Certified by Secretary within the last year
- 7. Trust Agreement Establishing the Arrangement
  - a. Signed by all trustees
  - b. Additional documentation establishing II-7 #1-5, if necessary
- 8. Authorization Letter (if applicable)



**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Applicant Name: \_\_\_\_\_

**SECTION III - FINANCIAL AND RELATED INFORMATION**

- 1. Most recent IRS Federal Form 5500, Annual Return/Report of Employee Benefit Plan, if an existing arrangement.
  
- 2. Plan of Operations
  - a. Current Operations
    - i. Number of employers
    - ii. Number of employees
    - iii. Number of dependents
  - b. Management
    - i. Name and address of the employer of each trustee
    - ii. What position the trustee holds with their employer
    - iii. List of individuals responsible for managing or handling the arrangement's funds or assets
  - c. Administration
    - i. Name of Service Company or Administrator
    - ii. Copy of the Service Company or Administrator's Florida license
    - iii. Copy of the agreement between the Service Company or Administrator and the trust.
      - 1. Signed by the Service Company or Administrator and trustee.
  - d. Claims Adjustment and Underwriting
    - i. Description of plan for administering the arrangement
    - ii. Plan for servicing billings, claims, and underwriting
    - iii. Number of adjuster and underwriters
    - iv. Justification of underwriting criteria
    - v. Special health test procedures
  - e. Marketing and Growth
- 3. Fidelity Bond

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

- 4.** Excess Insurance Agreement
- 5.** Fund Balance
- 6.** Feasibility Study
  - a.** Addresses market potential, market penetration, and market competition
  - b.** Current audited financial statements
  - c.** Projected income statement
  - d.** Projected cash flow analysis
  - e.** Projected balance sheet
  - f.** Proposed initial cash and cash reserves summary
  - g.** Insolvency protection deposit requirements

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Applicant Name: \_\_\_\_\_

**SECTION IV – MANAGEMENT**

- 1. Management Information Form (Form OIR-C1-2221)
  - a. Disclosure by all individuals as described in IV-1 (B)
- 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 (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 CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Applicant Name: \_\_\_\_\_

**SECTION V – FORMS AND RATES**

- 1. Forms**
  - a.** Contains assessability language
  - b.** Contains statement of contingent liability
  - c.** Meets Flesch score requirements
- 2. Complete schedule of proposed premium rates for each type of contract**
- 3. Actuarial Rate Analysis**
  - a.** Prepared by certified actuary
  - b.** Prepared in accordance with standards of the American Academy of Actuaries
  - c.** Includes description of assumptions
  - d.** Includes estimation of incurred but not reported claims (IBNR)
  - e.** Includes forecast of rates/claims
  - f.** Includes certification

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

**APPLICATION CERTIFICATION**

The below certification must be executed by two officers of the trust. Two completed copies of this page should be submitted with the application.

The undersigned states that they are an officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ (“Applicant”) to apply for a Certificate of Authority as a Multiple Employer Welfare Arrangement; 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 represents that they have the authority to bind the Applicant, and that by their signature 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: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence

or  online notarization, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_  
(name of person)

as \_\_\_\_\_ for \_\_\_\_\_.  
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

\_\_\_\_\_  
(Signature of the Notary)

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**Florida Office of Insurance Regulation**

**APPLICATION FOR LICENSE**

**SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

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 at the following 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 LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**INSTRUCTIONS**

**SECTION I - APPLICATION FEE AND FORMS**

**Section I-1          Application Fee**

Applicants must pay a license fee of \$500 U.S. Dollars (“USD”), pursuant to Section 634.404(6)(b)(3), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

**Section I-2          Application Checklist & Certification**

Applicant should fill out and return pages 9-12 with its application.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**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           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-6           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-7           Fictitious Name Filing**

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



**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**SECTION III - FINANCIAL**

**Section III-1      Financial Statements**

If a manufacturer, provide a copy of the most recent certified audited financial statements prepared by an independent certified public accountant in accordance with generally accepted accounting principles and evidencing a net worth of at least \$10,000,000 USD.

**Section III-2      Financial Requirements**

Applicant is required to furnish the following:

1. If a manufacturer, a copy of the applicant's debt rating made by a recognized National Rating Service, if any debt securities are outstanding.
2. If a manufacturer, a copy of the most recent Form 10K, Form 10Q, or Form 20G, as filed with the United States Securities and Exchange Commission.
3. Applicant must comply with one of the following two options:
  - (a) Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.406(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable; or
  - (b) Supply the Office with a sworn statement of Applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.406, Florida Statutes. If Applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve. Applicants choosing this option must also place a deposit with Bureau of Collateral Management (see instructions in III-3 below) equal to 10% of the gross written premium of all warranty contracts in force in Florida, pursuant to Sections 634.406(2) and 625.52, Florida Statutes.

Applicants who maintain, or whose parent company maintains, at all times a minimum net worth of \$100 million USD, and who otherwise comply with Section 634.406(7), Florida Statutes, are not required to establish an unearned premium reserve or maintain contractual liability insurance.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**Section III-3            Deposit**

Pursuant to Section 634.405, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of the appropriate deposit or security bond as below.

**1. Warrantors:**

- a.** If Applicant has \$300,000 USD or less in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least \$50,000 USD.
- b.** If Applicant has more than \$300,000 USD, but less than \$750,000 USD, in gross written premiums in Florida, it shall place with the Bureau of Collateral Management a deposit of at least \$75,000 USD.
- c.** If Applicant has \$750,000 USD or more in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least \$100,000 USD.

**2. Warranty Sellers:**

- a.** A securities deposit of \$100,000 USD.

Pursuant to Section 634.405(2), Florida Statutes, and subject to the approval of the Office, a Service Warranty Association may file a surety bond issued by an authorized surety insurer in lieu of the deposits outlined above. See Form OIR-A3-455, Home or Service Warranty Association Surety Bond.

Deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required 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

Applicants whose primary source of income is the sale of goods to the final consumer, derive more than 50% of their revenue through such sales, maintain a net worth of at least \$100 million USD, and otherwise comply with Section 634.405(7), Florida Statutes, are not subject to (1) and (2) above.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**Section III-4            Plan of Operations**

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

- a. History:** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

In addition, provide a list of all d/b/a's, trade names, fictitious names or names the general public may recognize.

- b. Organizational Chart:** Furnish 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.
- c. Management:** Applicant should provide information regarding the service warranty experience of individuals in key areas of management and should outline specifically how each of the following will be handled: marketing, claims handling, accounting, and investments.
- d. Products:** Applicant should give a description of each product it plans to market.
- e. Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.

**Section III-5            States Where Applicant is Currently Doing Business**

Applicant should provide a list of states in which it conducts service warranty business.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**Section III-6            Financial Projections**

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

**Section III-7            Qualifications**

Provide the following information Clearly indicate which item is being responded to:

1. A list of the names of the products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
2. A statement that the applicant has derived in its most recent fiscal year the majority of its revenues from products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
3. A statement that warranty contracts are and will only be sold for products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
4. A statement that the required warranty register is maintained.
5. The total amount of the gross written premiums in force, wherever written, for warranties written in other states.
6. A statement that the applicant's stock is traded on a recognized stock exchange or is listed in NASDAQ and publicly traded on the over-the-counter securities markets.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**SECTION IV - MANAGEMENT**

**Section IV-1      Alphabetical List of Management**

Provide an alphabetical list of the names of each member of the Board of Directors and the Managing Executive Officer. Include the business address for each named individual.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**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 FEE**

- 1. Application fee paid
- 2. Application checklist and certification.

**SECTION II – LEGAL**

- 1. Articles of Incorporation (or equivalent)
  - a. Certified by public official
- 2. Certificate of Status from Domiciliary Jurisdiction (if applicable)
- 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 LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**CHECKLIST**

**SECTION III – FINANCIAL**

**1. Financial Statements**

- a. Balance Sheet
- b. Income Statement
- c. Statement of Cash Flows
- d. Certified by 2 Officers
- e. Not more than 12 months old
- f. Provided for Parent (as applicable)

**2. Financial Requirements**

- a. Copy of Applicant's Debt Rating (if applicable)
- b. Copy of most recent Form 10k, 10Q, or 20G (if applicable)
- c. Executed Contractual Liability Policy, **or**
- d. A sworn statement to establish and maintain an unearned premium reserve
  - i. List of assets funding the reserve (if applicable)

**3. Securities Deposit**

- a. Appropriate security deposit (see page 5); **or**
- b. Surety Bond
  - i. OIR-A3-455, Home or Service Warranty Association Surety Bond

**4. Plan of Operations**

- a. History
- b. Organizational Chart
- c. Management
- d. Products
- e. Marketing and Growth

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

- 5. List of states where Applicant and affiliates are currently doing business
- 6. Financial Projections for 3 years
  - a. Florida
  - b. Nationwide
- 7. Qualifications
  - a. Product lists
  - b. Statement regarding revenue sources
  - c. Statement regarding warranty contracts
  - d. Statement regarding warranty register
  - e. Total gross written premiums in force
  - f. Statement regarding stock market

**SECTION IV – MANAGEMENT**

- 1. Alphabetical list of names and addresses of board of director members and managing executive officer



**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE**

**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 Service Warranty Association Manufacturer or Affiliate; 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.



**Florida Office of Insurance Regulation**

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**APPLICATION FOR LICENSE  
MOTOR VEHICLE SERVICE AGREEMENT 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 at the following 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 LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

## INSTRUCTIONS

### SECTION I - APPLICATION FEES

#### Section I-1            **Application Fees**

Applicants\* must pay a license fee of \$100 U.S. Dollars (“USD”), pursuant to Sections 634.061 and 634.071, Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

#### Section I-II            **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            **Application Checklist and Certification**

Pursuant to Section 634.061(1), Florida Statutes, each Motor Vehicle Service Agreement Company application must be under oath. Accordingly, Applicant should have page 12 executed and returned with its application and the checklist.

\*See Section IV-5 on page 8 of this Application for entities wishing to apply as a Motor Vehicle Manufacturer rather than a Motor Vehicle Service Agreement Company.

**OIR-C1-994**  
**Rev.: 04/24**  
**Rule: 690-136.100**

# APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

## SECTION II - LEGAL

### **Section II-1**            **Articles of Incorporation**

Submit a copy of Applicant's Articles of Incorporation or Partnership Agreement, unless entity is a sole proprietorship, complete with all amendments, and certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. Partnership Agreements that are not on file in the jurisdiction of domicile should be certified as true and correct by one of the partners.

### **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, if any. This document should be certified by Applicant's Secretary, or equivalent position, as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless this position does not exist.

### **Section II-5**            **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-6**            **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-7**            **Fictitious Name Filing**

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

**OIR-C1-994**  
**Rev.: 04/24**  
**Rule: 690-136.100**

# APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

## SECTION III – FINANCIAL

### **Section III-1      Financial Statements**

Applicant must provide the most recent financial statement reflecting minimum net assets maintained in the United States of at least \$500,000 USD, and contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

### **Section III-2      Financial Requirements**

1. Applicant must comply with one of the following two options:
  - a. Supply the Office with a copy of an approved executed contractual liability insurance policy as set forth in Section 634.041(8)(b), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable; **or**
  - b. Supply the Office with a sworn statement of Applicant's intentions to establish and maintain a 50% reserve as outlined by Section 634.041(8)(a), Florida Statutes. Applicants choosing this option must also place a deposit with Bureau of Collateral Management (see instructions in III-3 below) equal to 15% of unearned premium reserve, as explained in Section 634.041(8)(a)(3), Florida Statutes.

### **Section III-3      Deposit**

Pursuant to Section 634.052, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of the appropriate deposit as below:

- a. If Applicant has \$750,000 USD or less in unearned gross written premiums it shall place with the Bureau of Collateral Management a deposit of at least \$100,000 USD.
- b. If Applicant has more than \$750,000 USD in unearned gross written premiums it shall place with the Bureau of Collateral Management a deposit of at least \$200,000 USD.

## APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

Deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

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

### Section III-4      **Plan of Operations**

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

- a. History:** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

- b. Organizational Chart:** Furnish 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.
- c. Management:** Applicant should provide information regarding the motor vehicle service warranty experience of individuals in key areas of management and should outline specifically how each of the following will be handled: marketing, claims handling, accounting, and investments.
- d. Products:** Applicant should give a description of each product it plans to market.
- e. Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, commissions, projected growth pattern, and other pertinent information affecting marketing plans.
- f. Administration:** If Applicant chooses to use an administrator, the administrator must also obtain licensure as a Motor Vehicle Service Agreement Company, pursuant Section 634.031, Florida Statutes.

# APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

## **Section III-5 States Where Applicant is Currently Doing Business**

Applicant should provide a list of states in which it conducts motor vehicle service warranty business.

## **Section III-6 Financial Projections**

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

## **Section III-7 Alphabetical List of Proposed Sales Representatives**

Applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

# APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

## 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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each individual listed in Section IV-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 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.



# APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

## **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](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.

## **Section IV-5 Motor Vehicle Manufacturers**

Entities that qualify as Motor Vehicle Manufacturers pursuant to Section 634.011(7), Florida Statutes, may apply for licensure in accordance with Section 634.041(12), Florida Statutes.

# APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

## 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 FORM & FEES

- 1. Application fee paid
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Application checklist and certification

### SECTION II – LEGAL

- 1. Articles of Incorporation or Partnership Agreement (if applicable)
  - a. Appropriately Certified
- 2. Certificate of Status from Domiciliary Jurisdiction (if applicable)
- 3. Certificate of Status from Florida
- 4. Company Bylaws or equivalent (if applicable)
  - 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 LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**SECTION III – FINANCIAL**

- 1. Financial Statements
  - a. Balance Sheet
  - b. Income Statement
  - c. Statement of Cash Flows
  - d. Certified by 2 Officers
  - e. Not more than 12 months old
  - f. Provided for Parent (as applicable)
- 2. Financial Requirements (a or b)
  - a. Executed Contractual Liability Policy, or
  - b. A sworn statement to establish and maintain an unearned premium reserve
- 3. Securities Deposit
  - a. Appropriate security deposit (see page 4)
- 4. Plan of Operations
  - a. History
  - b. Organizational Chart
  - c. Management
  - d. Products
  - e. Marketing and Growth
- 5. List of states where Applicant and affiliates are currently doing business
- 6. Financial Projections for 3 years
  - a. Florida
  - b. Nationwide
- 7. Alphabetical List of Proposed Sales Representatives

# APPLICATION FOR LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY

## 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 (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 LICENSE MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**APPLICATION CERTIFICATION**

To be executed by Applicant's President or equivalent.

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 Motor Vehicle Service Agreement Company or Manufacturer; 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: \_\_\_\_\_

[Corporate Seal]

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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 \_\_\_\_\_  
(name of person)

as \_\_\_\_\_ for \_\_\_\_\_  
(type of authority; e.g., officer) (company name)

\_\_\_\_\_  
(Signature of the Notary)

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires \_\_\_\_\_



**Florida Office of Insurance Regulation**

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**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

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 at the following 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 LICENSE SERVICE WARRANTY ASSOCIATION

## INSTRUCTIONS

### SECTION I - APPLICATION FEES

#### **Section I-1            Application Fee**

Applicants must pay a license fee of \$200 U.S. Dollars (“USD”), pursuant to Section 634.407(3)(c), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

#### **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            Application Checklist and Certification**

Applicants should have pages 10-13 completed and filed with the application.

# APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

## 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           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-6           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-7           Fictitious Name Filing**

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

**OIR-C1-997**  
**Rev.: 04/24**  
**Rule 69O-136.100**



# APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

## SECTION III – FINANCIAL

### **Section III-1      Financial Statements**

There are two types of Service Warranty Associations:

1. Warrantor: a company which derives less than 50% of its gross income from the sale of service warranties. An Applicant Warrantor must provide the most recent financial statement reflecting minimum net assets of \$25,000 USD, and contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

**or**

2. Warranty Seller: a company which derives more than 50% of its gross income from the sale of service warranties. An Applicant Warranty Seller must provide the most recent financial statement reflecting minimum net assets of \$300,000 USD, and should contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

### **Section III-2      Financial Requirements**

All service warranty associations are required to maintain reserves and ratios based on the gross written premiums in force written in this state. Applicant must provide the following information:

1. The amount of gross written premiums in force written in this state.
2. Satisfaction of the appropriate ratio of 1:7 of statutory net assets or net worth to the gross written premiums in force.
3. Applicant must also comply with one of the following two options:
  - a. Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.406(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable; or

## **APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION**

- b. Supply the Office with a sworn statement of Applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.406, Florida Statutes. If Applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve. Applicants choosing this option must also place a deposit with Bureau of Collateral Management (see instructions in III-3 below) equal to 10% of the gross written premium of all warranty contracts in force in Florida, pursuant to Sections 634.406(2) and 625.52, Florida Statutes.

### **Section III-3      Deposit**

Pursuant to Section 634.405, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of the appropriate deposit or security bond as below.

#### **1. Warrantors:**

- a. If Applicant has \$300,000 USD or less in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least \$50,000 USD.
- b. If Applicant has more than \$300,000 USD, but less than \$750,000 USD, in gross written premiums in Florida, it shall place with the Bureau of Collateral Management a deposit of at least \$75,000 USD.
- c. If Applicant has \$750,000 USD or more in gross written premiums in Florida it shall place with the Bureau of Collateral Management a deposit of at least \$100,000 USD.

#### **2. Warranty Sellers:**

- a. A securities deposit of \$100,000 USD.

Pursuant to Section 634.405(2), Florida Statutes, and subject to the approval of the Office, a Service Warranty Association may file a surety bond issued by an authorized surety insurer in lieu of the deposits outlined above. See Form OIR-A3-455, Home or Service Warranty Association Surety Bond.

Deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required 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

## APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

### Section III-4 Plan of Operations

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

- a. **History:** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this state as will tend to mislead or confuse the public, as required by Section 634.404 (3), Florida Statutes.

- b. **Organizational Chart:** Furnish 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.
- c. **Management:** Applicant should provide information regarding the service warranty experience of individuals in key areas of management and should outline specifically how each of the following will be handled: marketing, claims handling, accounting, and investments.
- d. **Products:** Applicant should give a description of each product it plans to market.
- e. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.

### Section III-5 States Where Applicant is Currently Doing Business

Applicant should provide a list of states in which it conducts service warranty business.

## **APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION**

### **Section III-6          Financial Projections**

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

### **Section III-7          Alphabetical List of Proposed Sales Representatives**

Applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

# APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

## 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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each individual listed in Section IV-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 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

# APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

## **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](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 LICENSE SERVICE WARRANTY ASSOCIATION

## 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 FORM & FEES

- 1. Application fee paid
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 3. Application checklist and certification.

### SECTION II – LEGAL

- 1. Articles of Incorporation or equivalent
  - a. Certified by public official
- 2. Certificate of Status from Domiciliary Jurisdiction (if applicable)
- 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 LICENSE SERVICE WARRANTY ASSOCIATION

## SECTION III – FINANCIAL

### 1. Financial Statements

- a. Balance Sheet
- b. Income Statement
- c. Statement of Cash Flows
- d. Certified by 2 Officers
- e. Not more than 12 months old
- f. Provided for Parent (as applicable)

### 2. Financial Requirements (a or b)

- a. Amount of gross written premium in this state.
- b. Acknowledgment of ratio requirement
- c. Executed Contractual Liability Policy, or
- d. A sworn statement to establish and maintain an unearned premium reserve
  - i. List of assets funding the reserve (if applicable)

### 3. Securities Deposit

- a. Appropriate security deposit (see page 5); or
- b. Surety Bond
  - i. OIR-A3-455, Home or Service Warranty Association Surety Bond.

### 4. Plan of Operations

- a. History
- b. Organizational Chart
- c. Management
- d. Products
- e. Marketing and Growth



## APPLICATION FOR LICENSE SERVICE WARRANTY ASSOCIATION

- 5. List of states where Applicant and affiliates are currently doing business
- 6. Financial Projections for 3 years
  - a. Florida
  - b. Nationwide
- 7. Alphabetical List of Proposed Sales Representatives

### 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 (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 LICENSE SERVICE WARRANTY ASSOCIATION**

**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 Service Warranty Association; 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.



**Florida Office of Insurance Regulation**

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**APPLICATION FOR CERTIFICATE OF AUTHORITY  
INSURANCE ADMINISTRATOR**

This packet is for Applicants seeking a Certificate of Authority as an Insurance Administrator which includes entities who wish to operate as a Pharmacy Benefit Manager in this state. It 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 at the following link:

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

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

# APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## INSTRUCTIONS

### SECTION I - FEES

#### Section I-1 Application and Registration Fees

**A.** Applicants that **are not** Pharmacy Benefit Managers<sup>1</sup>

Applicants must pay an application filing fee of \$100 U.S. Dollars, pursuant to Section 624.501(22), Florida Statutes. This fee is due at the time the application is filed and is not refundable. Applicants that are applying to only do business as a Pharmacy Benefit Manager (“PBM”) are exempt from the application filing fee requirement.

**B.** Applicants that **are** Pharmacy Benefit Managers

Applicants that are Pharmacy Benefit Managers should refer to Form OIR-C1-2209 and Rule 69O-238.002, F.A.C. for registration requirements and must pay a registration fee of \$5 U.S. Dollars, pursuant to Section 624.490, Florida Statutes. This fee is due at the time the registration application is filed and is not refundable.

#### 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 Application Checklist and Certification

Applicant should fully complete the Application Checklist and Certification and submit them with the application.

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<sup>1</sup> s. 626.88, Florida Statutes

# APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## SECTION II - LEGAL

### **Section II-1 Organizational Documents**

Submit a copy of Applicant's organizational or charter documents, such as Articles of Incorporation, Articles of Association, Partnership Agreement, Trade Name Certificate, Trust Agreement, Shareholder Agreement, and other applicable documents, and all amendments to those documents, 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 Bylaws or Similar Documents**

Submit a copy of Applicant's Bylaws, or equivalent document regulating the conduct of Applicant's internal affairs. This document should be certified within the last year by Applicant's Secretary as a true and correct copy of the current document. Only the Secretary's signature will be accepted, unless Applicant does not have this position.

### **Section II-3 Certificate of Status from State of Domicile**

If Applicant is not a Florida domestic entity, 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 business entities in the Applicant's home jurisdiction, 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-4 Certificate of Status from Florida**

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

Foreign and alien corporations, companies organized under the laws of another state or country, are required to secure a charter to do business in Florida from the Florida Department of State. To do so, complete and submit the Application by Foreign Corporation For Authorization To Transact Business in Florida to the Florida Department of State, Division of Corporations. If you have any questions concerning this filing, please contact the Division at (850) 245-6051. A certificate of status can be obtained from the Florida Department of State after, or as part of, the registration process.

### **Section II-5 Fictitious Name Filing**

If Applicant plans to utilize a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

### **Section II-6 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.

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**Rule: 690-136.100**

# APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## SECTION III - FINANCIAL

### Section III-1 Financial Statements

A. If Applicant has been in existence for **2 or more** fiscal years, submit audited financial statements for the 2 most recent fiscal years. If the audited financial statements are prepared on a consolidated basis, they must include a columnar consolidating or combining worksheet that shows each entity separately and includes explanations for consolidating and eliminating entries.

or

B. If Applicant has been in existence for **less than 2** fiscal years, submit financial statements certified by an officer of Applicant, and prepared in accordance with generally accepted accounting principles for any completed fiscal years, and for any month during the current fiscal year for which the financial statements have been completed.

### Section III-2 Plan of Operations

The Office must have a clear understanding of the present and proposed operations of Applicant. Please provide the following:

#### A. History.

1. A brief history of Applicant.
2. A list of all states in which Applicant is licensed as an administrator and the dates licensure was obtained.

#### B. Products and Services.

1. A description of each line of insurance to be administered in Florida. State the name of the insurer and what services will be provided, e.g., marketing, claims adjudication, premium collection, underwriting, etc.
2. A full explanation as to the dates of inception; types of coverage; names of insurers; amounts of claims paid or premiums collected; and numbers of Florida residents involved, if any administrative services are currently being performed for any insurer on behalf of Florida residents.
3. If Applicant is not currently acting as an administrator, a statement of the amounts and sources of the funds available for organization expenses and the proposed arrangements for reimbursement and compensation of incorporators or other principals.

## **APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR**

4. Information on staffing levels and activities proposed in this state and nationwide, including details setting forth Applicant's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, recordkeeping, and underwriting.

### **Section III-3 Fidelity Bond**

Submit a copy of Applicant's fidelity bond equal to at least 10% of annualized funds handled or managed. The bond must include a 30-day cancellation notice provision in favor of the Office.

### **Section III-4 Affiliation with an Insurance Company**

Provide a statement explaining the nature and extent of Applicant's ownership interest or affiliation with any insurance company that is responsible, directly or through reinsurance, for providing benefits to any plan for which Applicant provides administrative services.

### **Section III-5 Location of Books and Records and Florida Offices**

List the complete name and address of any branches operating in this state and the location, if different, where all books and records pertaining to Florida insureds will be made available to the Office.

### **Section III-6 Administrative Agreement**

Please submit a representative example of an administrative agreement Applicant plans to use in Florida. Please make certain that the agreement complies with all requirements of Sections 626.882-626.888, Florida Statutes.

**Applicants that are Pharmacy Benefit Managers, as defined in Section 626.88, Florida Statutes, shall, in addition to the requirements stated above, also submit the following:**

### **Section III-7 Disclosure**

Submit self-disclosure of any administrative, civil, or criminal complaints, settlements, or discipline of Applicant, or any of Applicant's affiliates, which relates to a violation of the insurance laws, including pharmacy benefit manager laws, in any state.

### **Section III-8 Statement of Compliance**

Beginning January 1, 2024, submit a statement attesting to compliance with the network requirements in Section 626.8825, Florida Statutes. Applicants may also wish to submit supporting documentation (i.e. Network Files, Analyses, etc.) to the attestation to ensure compliance with the requirements set forth in Chapter 626, Florida Statutes.

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# APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## **Section III-9 PBM Ownership Affiliations**

Submit a statement identifying any ownership affiliation of any kind with any pharmacy which, directly or indirectly, through one or more intermediaries: (a) Has an investment or ownership interest in a PBM holding a Florida certificate of authority; (b) Shares common ownership with a PBM holding a Florida certificate of authority; or (c) Has an investor or a holder of an ownership interest which is a PBM holding a Florida certificate of authority.

## **Section III-10 PBM Agreements**

In addition to the requirements of Section III-6 above, Applicant should also submit copies of all contract templates with any pharmacy as defined in Section 465.003, Florida Statutes, and copies of all subcontracts to support its operations. Applicant should also submit copies of all contract templates between the PBM and any pharmacy benefit plan or program as defined in Section 626.8825(u), Florida Statutes.



# APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## SECTION IV - MANAGEMENT

### **Section IV-1**      **List of All Officers, Directors, Shareholders, etc**

- A. Submit a Management Information Form (Form OIR-C1-2221) showing the names of all individuals employed or retained by Applicant who are responsible for the conduct of the affairs of Applicant, including all members of the board of directors, board of trustees, executive committee, or other governing board or committee, as well as any officer, partner, member, or other person having direct or indirect control of Applicant.

Include on this form the names of each shareholder owning 10% or more of any class of any outstanding stock of the organization. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the above referenced form. Use a separate form for each company up through the ultimate parent corporation.

- B. If Applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related entities.

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 Affidavit for Officers, Director, Shareholders, etc**

Provide a Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for all individuals employed or retained by Applicant who are responsible for the conduct of the affairs of Applicant, including all members of the board of directors, board of trustees, executive committee, or other governing board or committee, as well as any officer, partner, or member. 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 1 year 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 or more.

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## **APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR**

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

### **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 background investigation vendor list can be found at:

<https://content.naic.org/industry-ucaa-third-party>

### **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 CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## 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. Submit the completed checklist with the application.**

### SECTION I - APPLICATION FORM & FEES

- 1. Application fee paid (For non-PBM Applicants)
- 2. PBM registration and fee, Form OIR-C1-2209 (For PBM Applicants)
- 3. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation
- 4. Application checklist and certification

### SECTION II - LEGAL

- 1. Organizational Documents
  - a. Certified by domiciliary jurisdiction
- 2. Bylaws (or equivalent documents)
  - a. Certified by Secretary
- 3. Certificate of Status from state of domicile
- 4. Certificate of Status from Florida
- 5. Fictitious Name Filing (if applicable)
- 6. Authorization Letter

# APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## CHECKLIST

Applicant Name: \_\_\_\_\_

### SECTION III - FINANCIAL

#### 1. Financial Statements

- a. Audited financial statements for 2 most recent fiscal years  
(for Applicants in existence at least 2 fiscal years)

or

- b. Financial statements for any completed fiscal years  
(for Applicants in existence for less than 2 fiscal years)

#### 2. Plan of Operations

- a. History

- i. Brief history of Applicant

- ii. List of all states Applicant is licensed in with dates

- b. Products and Services

- i. Lines to be administered, insurers, services to be provided, etc

- ii. Information on services currently being provided in Florida

- iii. Information on services to be provided if not currently acting as administrator

- iv. Information on staffing levels and activities, etc

#### 3. Fidelity Bond

- a. Equal to at least 10% of annualized funds handled or managed

- b. 30-day cancellation notice provision in favor of the Office

#### 4. Statement of affiliation with insurance companies

#### 5. Location of Books and Records and Florida Offices

#### 6. Administrative Agreement

#### Additional Items for PBM Applicants:

#### 7. Self-disclosure of self or affiliate violations

#### 8. Statement of compliance with network requirements (after January 1, 2024)

#### 9. Statement identifying ownership affiliations

#### 10. PBM agreements

- a. Copies of all contract templates with pharmacies

- b. Copies of all subcontracts that support Applicant operations

- c. Copies of all contract templates between the PBM and any pharmacy benefit plan or program

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# APPLICATION FOR CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## CHECKLIST

Applicant Name: \_\_\_\_\_

### SECTION V - MANAGEMENT

- 1. Management Information Forms (Form OIR-C1-2221)
  - a. Submitted for all required entities
  - b. Organizational chart showing all affiliated entities (if applicable)
- 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 (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 CERTIFICATE OF AUTHORITY INSURANCE ADMINISTRATOR

## 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 states 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 acquire a Certificate of Authority as an Insurance Administrator; 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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## **APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

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 at the following link:

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

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

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

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

**Section I-1 Application Fees**

Applicants must pay a filing fee of \$500.00. The fee is due and payable at the time of filing the application for licensure.

**Section I-2 Fingerprint Fees**

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-5. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

**Section I-3 Application for Certificate of Authority (Official Form)**

On this form, list the lines of business by code (see enclosed classifications and code number form) that you intend to write in the State of Florida. **THE COMPANY MUST BE AUTHORIZED IN ITS STATE OF DOMICILE FOR THE LINES OF BUSINESS THAT ARE BEING REQUESTED.** When a Certificate of Authority is issued by the Office of Insurance Regulation, it will include only those lines listed on this form and addressed in the proformas in the Plan of Operations. This form must be under corporate seal and signed (original signatures) by both the President or Chief Executive Officer and the Secretary of the Company.



**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**SECTION II - LEGAL**

**Section II-1 Articles of Incorporation**

Include in this section, the applicant's Articles of Incorporation and all amendments. These documents must be certified by the Florida Secretary of State. The certificate must be an original obtained from the Florida Secretary of State's office no earlier than six months prior to the date the application is filed.

**Section II-2 Certificate of Status from Florida Secretary of State**

Provide a Certificate of Status. This is a document issued by the Florida Secretary of State. The document certifies that the corporation is duly organized in this State and that all state taxes and fees have been paid. This certificate must be obtained from the Florida Secretary of State's office and be an original. [s. 636.005, F.S.]

If you have any questions concerning filing with the Secretary of State, please contact their Division of Corporations at (850) 245-6051.

Important note: The Secretary of State will issue a charter to a prepaid limited health service organization before the Office of Insurance Regulation completes its processing of an application for a certificate of authority. This charter authorizes the company to engage in any type of business except insurance. **Your company MAY NOT engage in the business of a prepaid limited health service organization in Florida until it has been issued a Certificate of Authority by the Director of Insurance Regulation.**

**Section II-3 By-Laws, Constitution, or Rules and Regulations**

The corporation's By-Laws, Constitution, and/or Rules and Regulations. These documents must be signed and dated by the Secretary of the corporation within the last year. **NO** other signatures will be accepted other than the Secretary's signature.

**Section II-4 Certificate of Compliance (Foreign Applicants Only)**

Provide a Certificate of Compliance. A Certificate of Compliance is a document issued by the public official having supervision of insurance in applicant's state of domicile showing that the company is duly organized and authorized to issue prepaid limited health service contracts therein and the kinds of contracts it is so authorized to transact. The certificate should be an original under seal by the insurer's state of domicile.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**SECTION III - FINANCIAL AND RELATED INFORMATION**

**Section III-1 Marketing and Growth**

Submit a description of the proposed method of marketing, including the target groups, types of coverage to be offered, advertising media to be used, and contact representatives to be used. Also, submit a detailed marketing budget which reflects the proposed method of marketing for a three-year period. Include such items as compensation, local and out-of-town travel, equipment, printing and postage, advertising and public relations, expense accounts, meeting costs, and any applicable publications.

**Section III-2 Advertising**

Submit a full disclosure of the PLHSO's proposed advertising. All advertisements shall be available in English and shall include all printed and published material, descriptive literature and sales aids, sales talks and sales material, forms and pamphlets, illustrations, depictions and form letters, newspaper, radio, television, or direct mail. The full name and address of the PLHSO must be clearly contained in all advertisements. Each piece of advertising shall have a unique number or designation which will readily identify it from all other advertising.

**Section III-3 Marketing Personnel**

Submit a list of licensed health agents to be used initially in soliciting contracts or procuring applications.

**Section III-4 Insurance**

- A. Furnish evidence of adequate insurance coverage (copy of insurance policy) or an adequate plan for self-insurance to respond to claims for injuries arising out of the furnishing of limited health services.
  - (1) General liability.
  - (2) Medical malpractice or professional liability.
  
- B. Furnish evidence that a blanket fidelity bond in the amount of at least \$50,000. has been obtained (copy of bond). All employees handling the funds must be covered by the blanket fidelity bond. In lieu of the bond, the applicant may deposit with the Office cash or securities or other investments of the types set forth in section 636.042, Florida Statutes.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**Section III-5 Financial**

- A. A copy of the applicant's most recent financial statements audited by an independent certified public accountant.
- B. A copy of the applicant's financial plan, including a three-year projection of anticipated operating results, a statement of the sources of funding, and provisions for contingencies, for which projection all material assumptions shall be disclosed. Financial projections shall include:
  - (1) A balance sheet.
  - (2) An income statement.
  - (3) A cash flow analysis.
  - (4) A change in financial position.
- C. A description of how the applicant will comply with Section 636.046, Florida Statutes.
  - (1) Each PLHSO shall deposit with the Office cash or securities of the type eligible under Section 625.52, F.S., which shall have at all times a market value of \$50,000.
  - (2) If for any reason the market value of assets and securities of a PLHSO held on deposit in this state falls below the amount required, the organization shall promptly deposit other or additional assets or securities eligible for deposit sufficient to cure the deficiency.
- D. **Each PLHSO shall at all times maintain a minimum surplus in an amount which is the greater of \$150,000 or 10% of total liabilities.**
- E. Evidence that the applicant is financially responsible and may reasonably be expected to meet its obligations to enrollees and to prospective enrollees. This should include:
  - (1) Statement of the financial soundness of the applicant's arrangements for limited health services and the minimum standard rates, deductibles, co-payments, and other patient charges used in connection therewith.
  - (2) The adequacy of surplus, other sources of funding, and provisions for contingencies.
- F. Furnish a statement from a qualified independent actuary that the entity is actuarially sound.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**Section III-6 Contractual**

- A. A copy of the form of all contracts made or to be made between the applicant and any providers regarding the provision of limited health services to enrollees. Include a copy of each type of contract, with a signature page from each executed contract.
- B. A copy of the form of any contract made or to be made between the applicant and any person, corporation, partnership, or other entity for the performance on the applicant's behalf of any function including, but not limited to, marketing, administration, enrollment, investment management, and subcontracting for the provision of limited health services to enrollees.
- C. Copies of all relevant business leases, including rental of real property, equipment, etc. Include the anticipated cost for the life of the lease. If there are no business leases, please so indicate.

**Section III-7 Enrollment**

Describe the following assumptions underlying enrollment projections:

- A. A monthly projection of enrollment for a three-year period.
- B. Number of eligibles residing within the service area.
- C. Contract size assumptions (contract distribution and content).
- D. Penetration assumptions and rationale, including initial enrollments and renewals.
- E. Allowance for voluntary/involuntary disenrollment and group contract additions during the year.
- F. Date of break even (month, year) based on number of enrollments.

**Section III-8 Certificate of Deposit (Foreign Insurers Only)**

A Certificate of Deposit is a document issued by the public official having supervision of insurance in the applicant's state of domicile showing the amount and the composition of the deposit maintained by the insurer in another state. The certificate must be an original, sealed by the insurer's state or country of domicile.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**SECTION IV - MANAGEMENT**

**ALL NAMES PROVIDED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES (no abbreviations).**

**Section IV-1** A list of the names (alphabetically), addresses, and official positions of the individuals who are responsible for conducting the applicant's affairs, including but not limited to, all members of the board of directors, board of trustees, executive committee, or other governing board or committee, the officers, contracted management company personnel, and any person or entity owning or having the right to acquire ten percent or more of the voting securities of the applicant. Such persons shall fully disclose to the Office and to the directors the extent and nature of any contracts or arrangements between them and the PLHSO, including any possible conflicts of interest. Provide the listing using Management Information Form, OIR-C1-2221.

**Section IV-2** A list of the owners of the PLHSO, including the extent of the ownership interest of each person or entity and an organizational chart depicting all levels of ownership, including all subsidiaries and parent organizations along with all affiliated companies and corresponding percentages of ownership.

**Section IV-3 Biographical Affidavits**

Provide a Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each individual 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

**Form OIR-C1-1119**

**Rev.: 04/24**

**Rule 690-136.100**

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**Section IV-4 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](https://www.naic.org/documents/industry_ucaa_third_party.pdf)

**Section IV-5 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.

**Section IV-6** A statement generally describing the applicant, its facilities and personnel, and the limited health service to be offered.

**Section IV-7** A description of the subscriber complaint procedures to be established and maintained as required under Section 636.038, Florida Statutes.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS OR RATES.

**Section V-1 Forms**

- A. Submit three copies of the policy, contract, certificate of coverage, member handbook, application, or any other form the applicant proposes to offer the subscriber. This includes any form showing the benefits to which the subscriber is entitled and any form used in the enrollment process. Every form which the PLHSO will use in connection with its subscriber contracts must be submitted and must be identified by a unique form number located on the lower left corner of the form.
  
- B. Each subscriber contract must state the procedures for offering limited health services and offering and terminating contracts to subscribers which will not unfairly discriminate on the basis of age, sex, race, handicap, health, or economic status.

**Section V-2 Rates**

Submit three copies of the complete schedule of proposed premium rates for each type of contract. The submission for each separate contract should contain an opinion from a qualified independent actuary or a qualified employee. The opinion shall:

- (1) Certify that the rates are neither inadequate nor excessive nor unfairly discriminatory;
- (2) Certify that the rates are appropriate for the classes or risks for which they have been computed; and
- (3) Present an adequate description of the rating methodology, following consistent and equitable actuarial principles.

APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION

CHECK LIST

SECTION I - APPLICATION FEES AND FORM

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

<u>Item #</u>	<u>Completion Check List</u>
1. Application fees paid .....	<input type="checkbox"/>
2. Fingerprint fees paid .....	<input type="checkbox"/>
(a) Copy of invoice included .....	<input type="checkbox"/>
(b) Copy of check .....	<input type="checkbox"/>
3. Application for Certificate of Authority (Official Form) .....	<input type="checkbox"/>
(a) All blanks completed .....	<input type="checkbox"/>
(b) Sealed by corporation .....	<input type="checkbox"/>
(c) Signed by President or other authorized officer (original signature) .....	<input type="checkbox"/>
(d) Lines of business listed by codes .....	<input type="checkbox"/>



APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION

SECTION II - LEGAL

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

<u>Item #</u>		<u>Completion Check List</u>
1.	Articles of Incorporation and all amendments .....	<input type="checkbox"/>
	(a) Certification by Florida Secretary of State.....	<input type="checkbox"/>
	(b) Articles with all amendments attached .....	<input type="checkbox"/>
2.	Certificate of Status from Florida Secretary of State .....	<input type="checkbox"/>
	(a) Good standing indicated .....	<input type="checkbox"/>
	(b) Sealed by state .....	<input type="checkbox"/>
	(c) Signed by proper public official .....	<input type="checkbox"/>
2.	Corporate By-Laws, Rules and Regulations, and/or Constitution	<input type="checkbox"/>
	(a) Signed and dated by corporation secretary .....	<input type="checkbox"/>
	(b) Sealed by corporation .....	<input type="checkbox"/>
	(c) Board Resolution .....	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**Section II - Legal  
Required Filing and Check List**

<u>Item #</u>	<u>Completion Check List</u>
4. Certificate of Compliance from State or County of domicile .....	<input type="checkbox"/>
(a) Certification from State of domicile .....	<input type="checkbox"/>
(b) Form indicates lines of business the company is authorized to transact .....	<input type="checkbox"/>

APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION

SECTION III - FINANCIAL AND RELATED INFORMATION

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

<u>Item #</u>		<u>Completion Check List</u>
1.	Marketing and growth .....	<input type="checkbox"/>
	(a) Description of marketing methods .....	<input type="checkbox"/>
	(b) A detailed marketing budget .....	<input type="checkbox"/>
	(c) List of persons employed to solicit contracts or procure applications. ....	<input type="checkbox"/>
2.	Advertising .....	<input type="checkbox"/>
	(a) Include all printed and published material.....	<input type="checkbox"/>
	(b) Sales talks, radio, TV, etc. ....	<input type="checkbox"/>
	(c) Full name and address clearly shown.....	<input type="checkbox"/>
	(d) Unique number or designation on each form.....	<input type="checkbox"/>
3.	Marketing personnel.....	<input type="checkbox"/>
	(a) Submit a list of agents to be used initially. ....	<input type="checkbox"/>
4.	Insurance .....	<input type="checkbox"/>
	(a) Current general liability policy or plan for self-insurance. ....	<input type="checkbox"/>
	(b) Current medical malpractice policy or plan for self-insurance.....	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**Section III - Financial and Related Information  
Required Filing and Check List**

Item #	Completion Check List
5. Financial .....	<input type="checkbox"/>
A. Current audited financial statements .....	<input type="checkbox"/>
B. Financial plan and 3 yr. projections .....	<input type="checkbox"/>
Anticipated operating results .....	<input type="checkbox"/>
Statement of sources of funding.....	<input type="checkbox"/>
Provisions for contingencies.....	<input type="checkbox"/>
(1) A balance sheet .....	<input type="checkbox"/>
(2) An income statement .....	<input type="checkbox"/>
(3) A cash flow analysis.....	<input type="checkbox"/>
(4) A change in financial position .....	<input type="checkbox"/>
C. Evidence of compliance with Section III-5C 1&2. ....	<input type="checkbox"/>
D. Compliance with minimum surplus requirement.....	<input type="checkbox"/>
E. Statement of soundness of the PLHSO .....	<input type="checkbox"/>
6. Contractual Documents .....	<input type="checkbox"/>
(a) Provider contract form and signature pages .....	<input type="checkbox"/>
(b) Other forms of contracts .....	<input type="checkbox"/>
(c) All relevant business leases.....	<input type="checkbox"/>
7. Complete enrollment information .....	<input type="checkbox"/>
(a) Sections A through F addressed.....	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**Section III - Financial and Related Information  
Required Filing and Check List**

Item #	Completion Check List
8. Certificate of Deposit.....	<input type="checkbox"/>
(a) Original document provided .....	<input type="checkbox"/>
(b) Original seal affixed by state of domicile.....	<input type="checkbox"/>

APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION

SECTION IV - MANAGEMENT

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

Item #	Completion Check List
1. Alphabetical listing of officers, directors, trustees, etc (OIR-C1-2221) ...	<input type="checkbox"/>
(a) Separate listing of all officers and directors for the corporation	<input type="checkbox"/>
(b) Separate listing of trustees and others.....	<input type="checkbox"/>
(c) Full names listed .....	<input type="checkbox"/>
(d) Titles listed .....	<input type="checkbox"/>
2. A list of the owners of the PLHSO .....	<input type="checkbox"/>
(a) Extent of ownership interest of each person or entity .....	<input type="checkbox"/>
(b) Organizational chart showing all levels of ownership .....	<input type="checkbox"/>
3. Biographical affidavits for each individual listed in Section IV-3 (Form OIR-C1-1423).....	<input type="checkbox"/>
For each biographical affidavit	
(a) All blanks completed .....	<input type="checkbox"/>
(b) "Yes" answers explained.....	<input type="checkbox"/>
(c) Contains original signature.....	<input type="checkbox"/>
(d) Notarized (original).....	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**Section IV - Management  
Required Filing and Check List**

Item #	Completion Check List
4. Investigative Background Report for each individual listed in Section IV-3 (Form OIR-C1-905) .....	<input type="checkbox"/>
(a) Investigative reporting firm contacted .....	<input type="checkbox"/>
(b) Full names given to investigative reporting firm for all individuals listed in Section IV-3 .....	<input type="checkbox"/>
(d) Proof of payment.....	<input type="checkbox"/>
5. Fingerprint cards (Form OIR-C1-938) enclosed for each person listed Section IV-3.....	<input type="checkbox"/>
(a) Contains original signature.....	<input type="checkbox"/>
(d) All blanks filled in.....	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**Section IV - Management  
Required Filing and Check List**

Item #	Completion Check List
7. A statement describing the applicant, facilities and personnel, and service to be offered.....	<input type="checkbox"/>
8. Description of subscriber complaint procedures .....	<input type="checkbox"/>



APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION

SECTION V - FORMS AND RATES

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

Item #	Completion Check List
1. Forms.....	<input type="checkbox"/>
(a) 3 copies of each.....	<input type="checkbox"/>
(b) Identified by unique form number .....	<input type="checkbox"/>
2. Rates.....	<input type="checkbox"/>
(a) 3 copies of each filing.....	<input type="checkbox"/>
(b) Opinion from qualified actuary or employee .....	<input type="checkbox"/>
(c) Statement of actuarial soundness.....	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**APPLICATION FOR CERTIFICATE OF AUTHORITY FORM  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

Pursuant to Chapter 636, Florida Statutes, application is hereby submitted to form and operate a Prepaid Limited Health Service Organization.

Proposed name of Prepaid Limited Health Service Organization:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ATTORNEY OR PRINCIPAL FILING THIS APPLICATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

In order to qualify as a Prepaid Limited Health Service Organization (PLHSO), an entity shall:

- (1) Provide or arrange for, or provide access to, the provision of a limited health service to enrollees through an exclusive panel of providers. This **MAY** include ambulance services, dental care services, vision care services, mental health services, substance abuse services, chiropractic services, podiatric care services **OR** pharmaceutical services.

**NOTE:** Limited health services shall not include inpatient, hospital surgical services, or emergency services, except as such services are provided incident to the limited health services.

- (2) Provide, either directly or through arrangement with other persons, limited health care services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed sum basis; and
- (3) Provide, either directly or through arrangements with other persons, limited health care services to subscribers through a closed panel of providers.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**APPLICATION CERTIFICATION**

The undersigned states that they are an officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ (“Applicant”) to apply to operate as a Prepaid Limited Health Service Organization in this state; 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.

(Corporate Seal)

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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 \_\_\_\_\_  
(name of person)

as \_\_\_\_\_ for \_\_\_\_\_.

(type of authority; e.g., officer, trustee, attorney in fact)

(company name)

\_\_\_\_\_  
(Signature of the Notary)

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID LIMITED HEALTH SERVICE ORGANIZATION**

**Application for Certificate of Authority  
Prepaid Limited Health Services Organizations  
Lines of Business Codes**

<b>Lines of Business</b>	<b>Code Numbers</b>
Dental Care Services	451
Ambulance Services	700
Vision Care Services	712
Pharmaceutical Service	716
Mental Health Service	781
Substance Abuse Services	782
Chiropractic Services	783
Podiatric Care Services	784



**Florida Office of Insurance Regulation**

**NOTIFICATION TO THE OFFICE OF INSURANCE REGULATION AS A  
QUALIFYING ISSUER OF DONOR ANNUITY AGREEMENTS PURSUANT TO  
SECTION 627.481, F.S.**

**Donor Annuity Issuer's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Phone:** ( ) - \_\_\_\_\_ **Fax:** ( ) - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Fiscal Year-end:** \_\_\_\_\_

**State of Domicile:** \_\_\_\_\_

**Donor Annuity Issuer's Contact Person:** \_\_\_\_\_

**Donor Annuity Issuer's FEIN:** \_\_\_\_\_

represented by \_\_\_\_\_ (name) \_\_\_\_\_ (position)

and \_\_\_\_\_ (name) \_\_\_\_\_ (position)

hereby notify the **Office of Insurance Regulation** and say by action of its trustees, and as represented by the two officers/directors with board voting privileges that the issuing entity intends to enter into donor annuity agreements in the State of Florida as allowed by Section 627.481, FS.

The Representatives certify that the Issuer (**check one**):

a)  has been in active operation for at least five years prior thereto and has qualified as an exempt organization under the Internal Revenue Code, 26 U.S.C. s. 501(c)(3); OR

b)  has been wholly controlled for at least 10 years by a corporation or trust qualified under paragraph (a), if the subunit has been a corporation or trust for at least 2 years, and has engaged in the selling of annuity agreements authorized under this section in at least three other states without complaint.



**Florida Office of Insurance Regulation**

**NOTIFICATION TO THE OFFICE OF INSURANCE REGULATION AS A  
QUALIFYING ISSUER OF DONOR ANNUITY AGREEMENTS PURSUANT TO  
SECTION 627.481, F.S.**

The Representatives further certify that:

1) All annuity benefits will be calculated to return to the Issuer upon the death of the donor a residue at least equal to one-half the original gift or other consideration under any such donor annuity agreement issued under Section 627.481, FS.

2) The Issuer will maintain admitted assets at least equal to the sum of the reserves on its outstanding donor annuity agreements, and a surplus of 10 percent of such reserves, calculated pursuant to Sections 627.481(2)(a) 1–3, FS, less any properly reinsured annuity risk.

3) The Issuer in an amount at least equal to the sum of such reserves and surplus will invest only in mutual funds or investments permitted under part II of chapter 625, FS, pursuant to the conditions of Section 627.481(2)(c) 2, FS, and such assets are segregated as separate and distinct funds, independent of all other funds and not applied for the payment of the debts and obligations of the Issuer for any other purpose other than the annuity benefits specified in Section 627.481, FS. Foreign Issuers may invest in the kind of securities permitted by the laws of the state in which incorporated or organized.

4) All donor annuity agreements issued will contain the clause: "This annuity is not issued by an insurance company, is subject only to limited regulation by the State of Florida and is not protected or otherwise guaranteed by any government agency."

5) Any donor annuity agreements entered into by the Issuer to support state institutions of higher learning will contain the clause: "This agreement is the entire contract between the parties, with rights and responsibilities of each party to the other as set forth herein. The donor or annuitant shall not have recourse against any assets of the state other than any funds or assets donated by, or funds derived from any assets donated by, the donor as set forth herein."

6) Charitable remainder unitrust trusts, charitable remainder annuity trusts, charitable lead trusts, pooled income funds or other similar charitable split interest trusts are only exempt from subsections (1), (2), (3), and (5), of Section 627.481, FS. and;

7) Provisions of part IX of Chapter 626, FS, known as *Unfair Insurance Trade Practices*, apply to issuers of donor annuity agreements under Section 627.481, FS.

The Representatives certify the Issuer is in compliance with all statutes governing the issuance of donor annuity agreements in the State of Florida.

for the **Issuer**

BY: \_\_\_\_\_

(signed)

, DATED: \_\_\_\_\_

BY: \_\_\_\_\_

(signed)

, DATED: \_\_\_\_\_

**(CORPORATE SEAL)**



**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

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 at the following link:

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

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

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

Pursuant to Section 636.Part II, Florida Statutes, in order to do business as a Discount Plan Organization (DPO), an entity must:

- A. Be a corporation, a limited liability company, or a limited partnership, incorporated, organized, formed, or registered under the laws of this state or authorized to transact business in this state in accordance with Chapter 605, Part I of Chapter 607, Chapter 617, Chapter 620, or Chapter 865, F.S., and must be licensed by the Office as a discount plan organization or be licensed by the Office pursuant to Chapter 624, Part I of Chapter 636, or Chapter 641, F.S.  
[s., 636.204(1), F.S.];
- B. Be an entity, which in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical services from those providers at a discount. [s.636.202(2), F.S.];

**INSTRUCTIONS**

**SECTION I - APPLICATION FEES AND FORM**

**Section I-1    Application Fee**

The application filing fee is \$50.00. The fee is due and payable at the time of filing the application for licensure. [s.636.204(2)(l) and s.636.204(5), F.S.]

**Section I-2    Fingerprint Processing 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    Application Certification & Checklist**

The certification form must be sworn to by an officer or authorized representative of Applicant. Applicant should have pages 8-14 filled out and filed with the application.



**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**SECTION II - LEGAL**

**Section II-1 Articles of Incorporation**

Include in this section the applicant's Articles of Incorporation or other organizing documents, including all amendments. The required filings must be certified within the last year by the official public records custodian in the applicant's state of domicile. The certification letter must be an original. [s.636.204(2)(a), F.S.]

**Section II-2 Certificate of Status from Florida Secretary of State**

Provide a Certificate of Status document issued by the Florida Secretary of State which certifies that the applicant is authorized in this State and that all state taxes and fees have been paid. This certificate must be obtained from the Florida Secretary of State's office and be an original. [s.636.204(1), F.S.]

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6051 or see <http://www.sunbiz.org/>.

Important note: The Secretary of State will issue a charter to a discount plan organization before the Office completes its processing of an application for a license. This charter authorizes the company to engage in any type of business except insurance or discount plans, or other regulated business.

**Your company MAY NOT engage in the business of a discount plan in Florida until it has been issued a license by the Commissioner of the Office.**

**Section II-3 By-Laws, Constitution, or Rules and Regulations**

Include a copy of the applicant's By-Laws, Constitution, and/or Rules and Regulations in this section. The bylaws must be signed, and recently dated by the Secretary of the company. No signature other than the Secretary's will be accepted. [s. 636.204(2)(b), F.S.]

**Section II-4 Certificate of Compliance (Foreign Applicants Only)**

If applicable, provide a Certificate of Compliance issued by the public official having supervision in applicant's state of domicile showing that the company is organized and authorized to issue contracts and the kinds of contracts it is authorized to transact. The certificate should be an original under seal by the organization's state of domicile. If not applicable, please state this in the application.

**Section II-5 Service of Process Form**

Provide an executed Service of Process Consent and Agreement form (OIR-C1-144) under corporate seal and signed by the president or chief executive officer and secretary. [s.636.234, 624.422 and 624.423 F.S.]

**Form OIR-C1-1606  
Rev.: 04/24  
Rule 69O-136.100**

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**SECTION III - FINANCIAL AND RELATED INFORMATION**

**Section III-1 Marketing and Growth**

Submit a description of the proposed method of marketing, including the target groups, types of discounts to be offered, and advertising media to be used.  
[s. 636.204(2)(j), F.S.]

**Section III-2 Advertising**

Provide a description of the procedures in place for the DPO to approve advertising, prior to use, pursuant to Section 636.228, Florida Statutes.

**Section III-3 Website**

Prior to licensure by the Office, each DPO must establish an Internet website that conforms to the requirements of Section 636.226, Florida Statutes. [s. 636.204(4)] This website should also comply with the disclosures required in s. 636.212, F.S. and should not include any prohibitions listed in s. 636.210, F.S.

Provide the address of the website that complies with these statutes.

**Section III-4 Financial**

A. Submit a copy of the applicant's most recent financial statements audited by an independent certified public accountant [s.636.204,(2)(i), F.S.], and provide the date of the company's fiscal year end.

B. Each DPO must at all times maintain a net worth of at least \$150,000.  
[s.636.220(1), F.S.]

The OFFICE may not issue a license unless the DPO has a net worth of at least \$150,000.  
[s.636.220(2), F.S.]

C. Documentation that the applicant has complied with the surety bond or security deposit requirements [636.236(1), Florida Statutes]. For security deposits, contact the Bureau of Collateral Management at (850) 413-3167.

(1) Each DPO must maintain in force (unless deposit is placed in lieu of the bond) a surety bond in its own name in an amount not less than \$35,000 to be used at the discretion of the Office to protect the financial interest of members who may be adversely affected by the insolvency of a DPO. The bond must be issued by an insurance company that is licensed to do business in this state.

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

- (2) In lieu of #1 above, each DPO shall deposit with the Bureau of Collateral Management cash or securities of the type eligible under Section 625.52, Florida Statutes, which shall have at all times a market value of \$35,000.
- (3) If for any reason the market value of assets and securities of DPO held on deposit in this state falls below the amount required, the organization shall promptly deposit other or additional assets or securities eligible for deposit sufficient to cure the deficiency.

**Section III-5 Contractual**

- A. A copy of the form of all contracts made or to be made between the applicant and any providers or provider networks regarding the provision of medical services to members. [s. 636.204(2)(f), F.S.]
- B. A copy of the form of any contract made or to be made between the applicant and any person, corporation, partnership, or other entity for the performance on the applicant's behalf of any function including, but not limited to, marketing, administration, enrollment, investment management, and subcontracting for the provision of health services to members. [s. 636.204(2)(h), F. S.]
- C. A copy of the form of any contract made or arrangement to be made between the applicant and any person listed in the Management Section (Section IV) of this application as individuals who are responsible for conducting the applicant's affairs, including but not limited to, all members of the board of directors, board of trustees, executive committee, or other governing board or committee, the officers, contracted management company personnel, and any person or entity owning or having the right to acquire 10% or more voting securities of the applicant. [s. 636.204(2)(c) and (g), F.S.]

**Section III-6** A statement generally describing the applicant, its facilities and personnel, and the medical services to be offered. [s. 636.204(2)(e), F.S.]

**Section III-7** A description of the subscriber complaint procedures to be established and maintained. [ s. 636.204,(2)(k), F.S.]

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**SECTION IV - MANAGEMENT**

**NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

**Section IV-1 List of All Officers, Directors, and Shareholders [s.636.204(2)(c) F.S.]**

- A. List the names, addresses and official positions of each officer, director and any person having direct or indirect control of the organization, including but not limited to contracted management company personnel (Form OIR-C1-2221).
- B. List the names of each shareholder owning ten percent or more of voting securities of the applicant or any person having the right to acquire ten percent or more of the voting securities of the applicant (issued and outstanding warrants/options, etc.). Such persons shall fully disclose to the Office and to the directors the extent and nature of any contracts or arrangements between them and the DPO, including any possible conflicts of interest.
- C. If the applicant is a subsidiary of a parent or holding company, provide an organizational chart showing the relationship of all related companies.

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

Provide a Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each officer, director, any person having direct or indirect control of the organization, including but not limited to contracted management company personnel and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent.

All questions must be answered. 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 or more.

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 Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

**Form OIR-C1-1606  
Rev.: 04/24  
Rule 69O-136.100**

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**Section IV-3     Investigative Background Reports [636.204(2)(d) F.S.]**

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](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 LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**CHECK LIST**

**SECTION I - APPLICATION FEES AND FORM**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Application fees paid.....	<input type="checkbox"/>
2. Fingerprint fee paid electronically.....	<input type="checkbox"/>
a. Copy of on-line payment confirmation.....	<input type="checkbox"/>
3. Application Checklist and Certification.....	<input type="checkbox"/>

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**SECTION II – LEGAL**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation or other organizing documents and all amendments attached with an original certification by the State of Domicile .....	<input type="checkbox"/>
2. Certificate of Status from Florida Secretary of State .....	<input type="checkbox"/>
(a) Good standing indicated.....	<input type="checkbox"/>
(b) Sealed by state.....	<input type="checkbox"/>
(c) Signed by proper public official.....	<input type="checkbox"/>
3. Corporate By-Laws, Rules and Regulations, and/or Constitution	<input type="checkbox"/>
(a) Signed and dated by applicant's secretary.....	<input type="checkbox"/>
4. Certificate of Compliance from State of domicile.....	<input type="checkbox"/>
(a) Certification from State of domicile.....	<input type="checkbox"/>
(b) Form indicates the kinds of contracts the company is authorized to transact.....	<input type="checkbox"/>
(c) Not applicable.....	<input type="checkbox"/>
5. Service of Process Form (OIR-C1-144).....	<input type="checkbox"/>

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**SECTION III - FINANCIAL AND RELATED INFORMATION**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Marketing and growth .....	<input type="checkbox"/>
(a) Description of marketing methods.....	<input type="checkbox"/>
2. Advertising.....	<input type="checkbox"/>
(a) Include a description of advertising procedures.....	<input type="checkbox"/>
3. Provide website address.....	<input type="checkbox"/>
4. Financial .....	<input type="checkbox"/>
A. Current audited financial statements & fiscal year end date...	<input type="checkbox"/>
B. Compliance with minimum surplus requirement.....	<input type="checkbox"/>
C. Original document evidencing compliance with surety bond requirement or security deposit requirement as explained in S.III-4C 1&2.....	<input type="checkbox"/>
5. Contractual Documents .....	<input type="checkbox"/>
(a) Provider contract form .....	<input type="checkbox"/>
(b) Other forms of contracts per s.636.204(2)(h), F.S.....	<input type="checkbox"/>
(c) Other forms of contracts per s.636.204(2)(c) and (g), F.S.....	<input type="checkbox"/>
6. Statement describing facilities, personnel, and medical services...	<input type="checkbox"/>
7. Description of subscriber complaint procedures.....	<input type="checkbox"/>



**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**SECTION IV – MANAGEMENT**

**Note:** This portion of the checklist is detailed in order to assist the applicant in ensuring all items are completed, and checklist item numbers will not correlate with item numbers in the Instructions.

<u>Item #</u>	<u>Completion Check List</u>
1. Listing of all officers, directors, and shareholders (including entities owning 10% or more of applicant (Form OIR-C1-2221) .....	<input type="checkbox"/>
2. Listing of all <u>immediate</u> parent(s) officers, directors, and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-2221) .....	<input type="checkbox"/>
3. Listing of all <u>intermediary</u> parent(s) (between immediate parent(s) and ultimate parent(s)), officers and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-2221). Note, do not complete Form OIR-C1-1423, (Biographical Affidavits) or order investigative reports or fingerprint cards.....	<input type="checkbox"/>
4. Listing of all <u>ultimate</u> parent(s) officers, directors, and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-2221) .....	<input type="checkbox"/>
5. Organizational Chart including all entities within the ultimate parent company structure.....	<input type="checkbox"/>
6. Biographical Affidavits for company officers, directors, and shareholders (including entities) owning 10% or more of applicant (Form OIR-C1-1423) .....	<input type="checkbox"/>
<b>As to each biographical:</b>	
(a) All blanks completed.....	<input type="checkbox"/>
(b) Contains original signature .....	<input type="checkbox"/>
(c) Notarized (original) .....	<input type="checkbox"/>
(d) SSN on a separate page.....	<input type="checkbox"/>

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**SECTION IV – MANAGEMENT**

7. Biographical Affidavits for immediate parent(s) officers, directors, and shareholders (including entities) owning 10% or more of parent Company's stock (Form OIR-C1-1423) .....

**As to each biographical:**

(a) All blanks completed.....

(b) Contains original signature.....

(c) Notarized (original).....

(d) SSN on a separate page.....

8. Biographical Affidavits for ultimate parent(s) officers, directors, and Shareholders (including entities) owning 10% or more of parent company's Stock (Form OIR-C1-1423)

**As to each biographical:**

(a) All blanks completed.....

(b) Contains original signature.....

(c) Notarized (original).....

(d) SSN on a separate page.....

9. Background investigative reports for company officers, directors, and shareholders (including entities) owning 10% or more of applicant.....

10. Background Investigative reports for immediate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock.....

11. Background Investigative reports for ultimate parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock.....

Fingerprint cards enclosed for each person listed in Section IV-4 .....

(a) Contains original signature .....

(d) All blanks filled in .....

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

Pursuant to Chapter 636, Part II Florida Statutes, application is hereby submitted to form and operate a Discount Plan Organization.

In order to qualify as a Discount Plan Organization (DPO), an entity must:

- A. Be a corporation, a limited liability company, or a limited partnership, incorporated, organized, formed, or registered under the laws of this state or authorized to transact business in this state in accordance with Chapter 605, part I of Chapter 607, Chapter 617, Chapter 620, or Chapter 865, F.S., and must be licensed by the Office as a discount plan organization or be licensed by the Office pursuant to Chapter 624, Part I of Chapter 636, or Chapter 641, F.S. [s., 636.204(1), F.S.];
- B. Be an entity which, in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical services from those providers at a discount. [s.636.202(2), F.S.];

Proposed name of Discount Plan Organization:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

ATTORNEY OR PRINCIPAL FILING THIS APPLICATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**APPLICATION FOR LICENSE  
DISCOUNT PLAN ORGANIZATION (DPO)**

**APPLICATION CERTIFICATION**

The undersigned states that they are an officer or authorized representative having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_  
("Applicant") to apply to operate as a Discount Plan Organization in this state; 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.

(Corporate Seal)

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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 \_\_\_\_\_  
(name of person)

as \_\_\_\_\_ for \_\_\_\_\_.  
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

\_\_\_\_\_  
(Signature of the Notary)

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



## **LICENSE RENEWAL RATING ORGANIZATION**

This packet is designed to assist individuals in preparing the application for license renewal or information update 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 at the following link:

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

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

# LICENSE RENEWAL RATING ORGANIZATION

## CHECKLIST

Please complete and check off all relevant items prior to submission. Submit the completed checklist with the application. Indicate if this is a license renewal or information update below.

**License Renewal:** If a license renewal, Applicant should check off and submit items 1 & 2 as well as any additional information that needs to be updated.

**Information Update:** If an information update only, Applicant should check off and submit only the items to be updated.

---

**1. Applicant Name & Address**

NAME OF COMPANY: \_\_\_\_\_

FEIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

\_\_\_\_\_

(city)

(state)

(zip code)

If adding a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

**2. Fee (only for license renewals)**

Rating Organizations must pay a license renewal fee of \$25 U.S. Dollars, pursuant to Section 627.221, Florida Statutes. This fee is due at the time the application is filed and is not refundable.

**3. Organizational Document**

If updating, submit a copy of Applicant's Articles of Incorporation, Constitution, Articles of Agreement, or Articles of Association, and all amendments to those documents, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

**LICENSE RENEWAL RATING ORGANIZATION**

**4. Bylaws or Similar Documents**

If updating, submit a copy of Applicant’s Bylaws, or equivalent document regulating the conduct of Applicant’s internal affairs. This document should be certified within the last year by Applicant’s Secretary as a true and correct copy of the current document. Only the Secretary’s signature will be accepted unless Applicant does not have this position.

**5. List of Members and Subscribers**

If updating, submit a current list of Applicant’s members and subscribers.

**6. Changes in Kinds of Insurance**

If updating, provide a completed Uniform Certificate of Authority (UCAA) Lines of Insurance form (Form OIR-C1-1416) indicating all lines of insurance for which Applicant is applying to act as a rating organization. Provide an updated statement of qualification at the same time pursuant to the instructions in Section III-3 of Form OIR-C1-PCR1, Application for License Rating Organization.

**7. Management Information**

If there have been any changes in Applicant’s management, ownership, or the individuals or entities having direct or indirect control of Applicant, up to and including any 10% or greater interest holders of the ultimate parent, Applicant should submit a new Management Information Form OIR-C1-2221 for the relevant entity and comply with the directions in IV-2, IV-3, and IV-4 of Form OIR-C1-PCR1, Application for License Rating Organization.

**8. Resident Agent**

If updating, below provide the name and address of a resident of this state upon whom notices or orders of the office or process affecting Applicant may be served.

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_ (Street Address) (City) (State) (Zip Code)

Email Address:

\_\_\_\_\_

**UCAA Proforma Financial Statements**  
Life & Health Insurer



**Instructions**

1. Enter the Applicant Company Name below
2. Enter the first full year of the proformas (start with 1st full year of operation).
3. Select the states to be completed for proformas by clicking the check boxes on the right and then click on the "Create Selected State Worksheets" button below.
4. Complete all sections of the proforma statements contained on each tab below.
5. Note that several tabs contain worksheets for 3 years of data. Be sure to complete all years of data.
6. Do not "Cut" and "Paste" cells in the worksheets. Use "Copy" and "Paste" instead.
7. For additional guidance, refer to the FAQ's on the UCAA webpage.

Enter the Applicant Company Name:

Applicant Company Name

Year 1: \_\_\_\_\_

Year 2: 1

Year 3: 2

- |  |   |
|--|---|
| <input type="checkbox"/> AK Alaska               | <input type="checkbox"/> MT Montana             |
| <input type="checkbox"/> AL Alabama              | <input type="checkbox"/> NC North Carolina      |
| <input type="checkbox"/> AR Arkansas             | <input type="checkbox"/> ND North Dakota        |
| <input type="checkbox"/> AS American Samoa       | <input type="checkbox"/> NE Nebraska            |
| <input type="checkbox"/> AZ Arizona              | <input type="checkbox"/> NH New Hampshire       |
| <input type="checkbox"/> CA California           | <input type="checkbox"/> NJ New Jersey          |
| <input type="checkbox"/> CO Colorado             | <input type="checkbox"/> NM New Mexico          |
| <input type="checkbox"/> CT Connecticut          | <input type="checkbox"/> NV Nevada              |
| <input type="checkbox"/> DC District Of Columbia | <input type="checkbox"/> NY New York            |
| <input type="checkbox"/> DE Delaware             | <input type="checkbox"/> OH Ohio                |
| <input type="checkbox"/> FL Florida              | <input type="checkbox"/> OK Oklahoma            |
| <input type="checkbox"/> GA Georgia              | <input type="checkbox"/> OR Oregon              |
| <input type="checkbox"/> GU Guam                 | <input type="checkbox"/> PA Pennsylvania        |
| <input type="checkbox"/> HI Hawaii               | <input type="checkbox"/> PR Puerto Rico         |
| <input type="checkbox"/> IA Iowa                 | <input type="checkbox"/> RI Rhode Island        |
| <input type="checkbox"/> ID Idaho                | <input type="checkbox"/> SC South Carolina      |
| <input type="checkbox"/> IL Illinois             | <input type="checkbox"/> SD South Dakota        |
| <input type="checkbox"/> IN Indiana              | <input type="checkbox"/> TN Tennessee           |
| <input type="checkbox"/> KS Kansas               | <input type="checkbox"/> TX Texas               |
| <input type="checkbox"/> KY Kentucky             | <input type="checkbox"/> UT Utah                |
| <input type="checkbox"/> LA Louisiana            | <input type="checkbox"/> VA Virginia            |
| <input type="checkbox"/> MA Massachusetts        | <input type="checkbox"/> VI U.S. Virgin Islands |
| <input type="checkbox"/> MD Maryland             | <input type="checkbox"/> VT Vermont             |
| <input type="checkbox"/> ME Maine                | <input type="checkbox"/> WA Washington          |
| <input type="checkbox"/> MI Michigan             | <input type="checkbox"/> WI Wisconsin           |
| <input type="checkbox"/> MN Minnesota            | <input type="checkbox"/> WV West Virginia       |
| <input type="checkbox"/> MO Missouri             | <input type="checkbox"/> WY Wyoming             |
| <input type="checkbox"/> MS Mississippi          |   |

**If states were added to this spreadsheet in error:**

1. Select the states to be deleted by clicking the check boxes on the right.
2. Click on the "Delete Selected State Worksheets" button above.



**Applicant Company Name:**  
**(Life, Accident, and Health Insurance Company)**  
**Pro Forma Statutory Balance Sheet (Nationwide)**  
**(In Whole Numbers)**

**Applicant Company Name**

	0	1	2
<b>Admitted Assets</b>			
1. Bonds			
2. Stocks (Preferred and Common)			
3. Real Estate/Mortgage Loans on Real Estate			
4. Cash/Cash Equivalents/Short-Term Investments			
5. Other Invested Assets			
6. Aggregate Write-Ins for Invested Assets			
7. Separate Account Assets			
8. All Other Assets			
9. Total Assets (1+2+3+4+5+6+7+8)	-	-	-
<b>Liabilities</b>			
10. Reserve for Life Contracts			
11. Reserve for Accident and Health Contracts			
12. Contract Claims (Life and Accident and Health)			
13. Other Amounts Payable on Reinsurance			
14. Payable to Parents, Subsidiaries & Affiliates			
15. All Other Liabilities			
16. Asset Valuation Reserve (AVR)			
17. Separate Account Liabilities			
18. Total Liabilities (10+11+12+13+14+15+16+17)	-	-	-
<b>Capital and Surplus</b>			
19. Capital Stock			
20. Gross Paid In and Contributed Surplus			
21. Surplus Notes			
22. Unassigned Surplus			
23. Aggregate Write-Ins for Other-Than-Special Surplus Funds			
24. Aggregate Write-Ins for Special Surplus Funds			
25. Less Treasury Stock (Common and Preferred)			
26. Surplus (19+20+21+22+23+24-25)	-	-	-
27. Liabilities and Surplus (18+26)	-	-	-
<b>Risk-Based Capital Analysis</b>			
27. Authorized Control Level Risk-Based Capital			
28. Calculated Risk-Based Capital (26+16/27)	0.0%	0.0%	0.0%

**Applicant Company Name:**  
**(Life, Accident, and Health Insurance Company)**  
**Pro Forma Statutory Profit & Loss Statement (Nationwide)**  
**(In Whole Dollars)**

**Applicant Company Name**

	0	1	2
1. Net Premiums (All Business)			
2. Net Investment Income			
3. Reinsurance Ceding Commissions			
4. Miscellaneous Income			
5. Total (1+2+3+4)	-	-	-
6. Death Benefits			
7. Matured Endowments			
8. Annuity Benefits			
9. Accident and Health Policy Benefits			
10. Surrender Benefits and Other Fund Withdrawals			
11. Group Conversions			
12. Interest on Policy and Contract Funds			
13. Commissions on Premiums, and Annuity Considerations (Direct Business Only)			
14. Commissions and Expense Allowances on Reinsurance Assumed			
15. Increase in Aggregate Reserves			
16. Net Transfer (to) or from Separate Accounts Net of Reinsurance			
17. Other Expenses *			
18. Total Expenses (sum6...17)	-	-	-
19. Net Gain (Loss) from Operations Before Dividends and Federal Income Taxes (5-18)	-	-	-
20. Federal Income Taxes			
21. Net Realized Capital Gains (Losses)			
22. Less Capital Gains Tax			
23. Net Income((19-20)+(21-22))	-	-	-
24. Prior YE Surplus			
25. Net Income	-	-	-
26. Capital Increases			
27. Other Increases (Decreases)			
28. Dividends to Stockholders			
29. YE Surplus	-	-	-

\*Itemize in Assumptions

**Applicant Company Name:**  
**(Life, Accident, and Health Insurance Company)**  
**Pro Forma Statutory Cash Flow Statement**  
**(In Whole Dollars)**

**Applicant Company Name**

	0	1	2
<b>Cash From Operations</b>			
1. Premiums Collected Net of Reinsurance			
2. Net Investment Income			
3. Miscellaneous Income			
4. Benefit and Loss Related Payments			
5. Net Transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
6. Commissions, Expenses Paid and Aggregate Write-Ins for Deductions			
7. Dividends Paid to Policyholders			
8. Federal and Foreign Income Taxes Paid (Recovered)			
9. Net Cash From Operations (1+2+3-4-5-6-7-8)	-	-	-
<b>Cash From Investments</b>			
10. Net Cash from Investments			
<b>Cash From Financing and Miscellaneous Sources</b>			
11. Surplus Notes, Capital Notes			
12. Capital and Paid in Surplus, Less Treasury Stock			
13. Borrowed Funds			
14. Net Deposits on Deposit-Type Contracts and Other Insurance Liabilities			
15. Dividends to Stockholders			
16. Other Cash Provided (Applied)			
17. Net Cash from Financing and Miscellaneous Sources (11+12+13+14-15+16)	-	-	-
18. Net Change in Cash, Cash Equivalents and Short -Term Investments (9+10+17)	-	-	-

Applicant Company Name:  
(Life, Accident, and Health Insurance Company)  
Analysis of Operations by Line of Business  
(In Whole Dollars)

Applicant Company Name

Nationwide  
Year 1

	Total	Ordinary			Credit Life (Group & Individual)	Group		Accident and Health			Aggregate of All Other Lines Business
		Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	
1. Net Premiums (All Business)	-										
2. Net Investment Income	-										
3. Reinsurance Ceding Commissions	-										
4. Miscellaneous Income	-										
5. Total Revenue (1+2+3+4)	-	-	-	-	-	-	-	-	-	-	-
6. Death Benefits	-										
7. Matured Endowments	-										
8. Annuity Benefits	-										
9. Accident and Health Policy Benefits	-										
10. Surrender Benefits and Other Fund Withdrawals	-										
11. Group Conversions	-										
12. Interest Policy and Contract Funds	-										
13. Commissions on Premiums, Annuity Considerations Direct Business Only)	-										
14. Commissions and Expense Allowances on Reinsurance Assumed	-										
15. Increase in Aggregate Reserves	-										
16. Net Transfers to or (from) Separate Accounts Net of Reinsurance	-										
17. Other Expenses	-										
18. Total Expenses (sum6...17)	-	-	-	-	-	-	-	-	-	-	-
19. Net Gain (Loss) from Operations Before Dividends to and Federal Income Taxes (5-18)	-	-	-	-	-	-	-	-	-	-	-
20. Federal Income Taxes	-										
21. Net Realized Capital Gains (Losses)	-										
22. Less Capital Gains Tax	-										
23. Net Income((19-20)+(21-212))	-	-	-	-	-	-	-	-	-	-	-
24. Dividends to Stockholders	-										

Applicant Company Name:  
(Life, Accident, and Health Insurance Company)  
Analysis of Operations by Line of Business  
(In Whole Dollars)

Applicant Company Name

Nationwide  
Year 2

	Total	Ordinary			Credit Life (Group & Individual)	Group		Accident and Health			Aggregate of All Other Lines Business
		Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	
1. Net Premiums (All Business)	-										
2. Net Investment Income	-										
3. Reinsurance Ceding Commissions	-										
4. Miscellaneous Income	-										
5. Total Revenue (1+2+3+4)	-	-	-	-	-	-	-	-	-	-	-
6. Death Benefits	-										
7. Matured Endowments	-										
8. Annuity Benefits	-										
9. Accident and Health Policy Benefits	-										
10. Surrender Benefits and Other Fund Withdrawals	-										
11. Group Conversions	-										
12. Interest Policy and Contract Funds	-										
13. Commissions on Premiums, Annuity Considerations Direct Business Only)	-										
14. Commissions and Expense Allowances on Reinsurance Assumed	-										
15. Increase in Aggregate Reserves	-										
16. Net Transfers to or (from) Separate Accounts Net of Reinsurance	-										
17. Other Expenses	-										
18. Total Expenses (sum6...17)	-	-	-	-	-	-	-	-	-	-	-
19. Net Gain (Loss) from Operations Before Dividends to and Federal Income Taxes (5-18)	-	-	-	-	-	-	-	-	-	-	-
20. Federal Income Taxes	-										
21. Net Realized Capital Gains (Losses)	-										
22. Less Capital Gains Tax	-										
23. Net Income((19-20)+(21-212)	-	-	-	-	-	-	-	-	-	-	-
24. Dividends to Stockholders	-										

Applicant Company Name:  
(Life, Accident, and Health Insurance Company)  
Analysis of Operations by Line of Business  
(In Whole Dollars)

Applicant Company Name

Nationwide  
Year 3

	Total	Ordinary			Credit Life (Group & Individual)	Group		Accident and Health			Aggregate of All Other Lines Business
		Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	
1. Net Premiums (All Business)	-										
2. Net Investment Income	-										
3. Reinsurance Ceding Commissions	-										
4. Miscellaneous Income	-										
5. Total Revenue (1+2+3+4)	-	-	-	-	-	-	-	-	-	-	-
6. Death Benefits	-										
7. Matured Endowments	-										
8. Annuity Benefits	-										
9. Accident and Health Policy Benefits	-										
10. Surrender Benefits and Other Fund Withdrawals	-										
11. Group Conversions	-										
12. Interest Policy and Contract Funds	-										
13. Commissions on Premiums, Annuity Considerations Direct Business Only)	-										
14. Commissions and Expense Allowances on Reinsurance Assumed	-										
15. Increase in Aggregate Reserves	-										
16. Net Transfers to or (from) Separate Accounts Net of Reinsurance	-										
17. Other Expenses	-										
18. Total Expenses (sum6...17)	-	-	-	-	-	-	-	-	-	-	-
19. Net Gain (Loss) from Operations Before Dividends to and Federal Income Taxes (5-18)	-	-	-	-	-	-	-	-	-	-	-
20. Federal Income Taxes	-										
21. Net Realized Capital Gains (Losses)	-										
22. Less Capital Gains Tax	-										
23. Net Income((19-20)+(21-212))	-	-	-	-	-	-	-	-	-	-	-
24. Dividends to Stockholders	-										

Applicant Company Name: Applicant Company Name  
 (Life, Accident, and Health Insurance Company)  
 Nationwide Premium by LOB - Planned Premium Volume by Line of Business  
 (Amounts in Whole Dollars)

The Nationwide Premium by LOB page is automatically calculated. It is calculated based on projected premiums by line of business for each state in which the company is already licensed and authorized to write business and projected premiums by line of business for those states in which the company is applying to be licensed and authorized. The projected premiums will pull from the Authorized Premium By LOB tab and individual state tabs.

Nationwide					
Year 1		0			
Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums	
1. Ordinary Life Insurance	-	-	-	-	
2. Ordinary Individual Annuities	-	-	-	-	
3. Credit Life (Group and Individual)	-	-	-	-	
4. Group Life Insurance	-	-	-	-	
5. Group Annuities	-	-	-	-	
6. Accident and Health Group	-	-	-	-	
7. Accident and Health Credit (Group and Individual)	-	-	-	-	
8. Accident and Health Other	-	-	-	-	
9. Aggregate of All Other Lines of Business	-	-	-	-	
10. Total	-	-	-	-	

Nationwide					
Year 2		1			
Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums	
1. Ordinary Life Insurance	-	-	-	-	
2. Ordinary Individual Annuities	-	-	-	-	
3. Credit Life (Group and Individual)	-	-	-	-	
4. Group Life Insurance	-	-	-	-	
5. Group Annuities	-	-	-	-	
6. Accident and Health Group	-	-	-	-	
7. Accident and Health Credit (Group and Individual)	-	-	-	-	
8. Accident and Health Other	-	-	-	-	
9. Aggregate of All Other Lines of Business	-	-	-	-	
10. Total	-	-	-	-	

Nationwide					
Year 3		2			
Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums	
1. Ordinary Life Insurance	-	-	-	-	
2. Ordinary Individual Annuities	-	-	-	-	
3. Credit Life (Group and Individual)	-	-	-	-	
4. Group Life Insurance	-	-	-	-	
5. Group Annuities	-	-	-	-	
6. Accident and Health Group	-	-	-	-	
7. Accident and Health Credit (Group and Individual)	-	-	-	-	
8. Accident and Health Other	-	-	-	-	
9. Aggregate of All Other Lines of Business	-	-	-	-	
10. Total	-	-	-	-	

Applicant Company Name: Applicant Company Name  
(Life, Accident, and Health Insurance Company)  
Authorized Premium by LOB (Aggregate) - Planned Premium Volume by Line of Business  
(Amounts in Whole Dollars)

Nationwide					
Year 1		0			
Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums	
1. Ordinary Life Insurance					-
2. Ordinary Individual Annuities					-
3. Credit Life (Group and Individual)					-
4. Group Life Insurance					-
5. Group Annuities					-
6. Accident and Health Group					-
7. Accident and Health Credit (Group and Individual)					-
8. Accident and Health Other					-
9. Aggregate of All Other Lines of Business					-
10. Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Nationwide					
Year 2		1			
Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums	
1. Ordinary Life Insurance					-
2. Ordinary Individual Annuities					-
3. Credit Life (Group and Individual)					-
4. Group Life Insurance					-
5. Group Annuities					-
6. Accident and Health Group					-
7. Accident and Health Credit (Group and Individual)					-
8. Accident and Health Other					-
9. Aggregate of All Other Lines of Business					-
10. Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Nationwide					
Year 3		2			
Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net Premiums	
1. Ordinary Life Insurance					-
2. Ordinary Individual Annuities					-
3. Credit Life (Group and Individual)					-
4. Group Life Insurance					-
5. Group Annuities					-
6. Accident and Health Group					-
7. Accident and Health Credit (Group and Individual)					-
8. Accident and Health Other					-
9. Aggregate of All Other Lines of Business					-
10. Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>



## UCAA Proforma Financial Statements

List all of the relevant assumptions used to create the proformas.

Note, assumptions enclosed within the Plan of Operation need not be disclosed again here.

FORM 13 Life  
Form: OIR-DO-904  
Rev.: 01/19  
Rule: 69O-136.100

**690-137.002 Annual Audited Financial Reports.**

(1) – (6) No Change

(7) Qualifications of Independent Certified Public Accountant.

(a) The Office shall not recognize any person or firm as a qualified independent Certified Public Accountant if the person or firm:

1. Is not in good standing with the American Institute of Certified Public Accountants (AICPA) and in all states in which the accountant is licensed to practice, or for a Canadian or British company, that is not a chartered accountant;

2. Has not completed 4 hours of insurance related continuing education as required by Section 624.424(8)(d), F.S.; or

3.2. Has either directly or indirectly entered into an agreement of indemnity or release from liability (collectively referred to as indemnification) with respect to the audit of the insurer.

(b) – (1) No Change

(8) – (21) No Change

*Rulemaking Authority 624.308(1), 624.4085, 624.424(8)(e) FS. Law Implemented 624.307(1), 624.324, 624.424(8) FS. History–New 3-31-92, Amended 3-14-94, 8-17-98, 4-4-01, 8-14-02, Formerly 4-137.002, Amended 11-3-05, 9-21-10, 1-10-19, 12-26-19, \_\_\_\_\_.*

**690-137.009 Filing Procedures for Commercial and Personal Residential Property Supplemental Quarterly Report.**

(1) – (2) No change

(3) The supplemental report shall include information, listed by company, as described on the supplemental report for each type of personal lines and commercial lines residential property policies written for each line by month and total premiums written for the quarter. The data shall be compiled as of the end of the last business day of each month. A separate report shall be prepared for each zip code county in which business was written.

(4) The supplemental report for each month shall be filed on or before the last day of the following month ~~a quarterly basis in conjunction with financial reports~~ on Form OIR-D0-1185 (05/24) (01/23) “Rapid Market Intelligence Quarterly Supplemental Reporting,” which is hereby adopted and incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16773> ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-15287>~~. The information shall be submitted or be obtained from the Office’s website at <http://www.flor.com/iportal>.

*Rulemaking Authority 624.424(10) FS. Law Implemented 624.424(10) FS. History–New 7-3-96, Formerly 4-137.009, Amended 7-30-17, 5-4-23, \_\_\_\_\_.*

**690-137.011 Reinsurance Summary Statement.**

Section 624.610(~~124~~), F.S., requires each domestic or commercially domiciled insurer ceding directly written risks of loss to file with the office one copy of a summary statement containing information about each treaty. The required information shall be filed on Form OIR-D0-1433 (rev. 10/23 07/04), entitled “Reinsurance Summary Statement,” which is hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16774>. Form OIR-D0-1433 shall be filed within 30 days after receipt of a cover note or similar confirmation of coverage, or, without exception, no later than 6 months after the effective date of the reinsurance treaty. Forms are available and shall be filed electronically at <http://www.flor.com/iportal>. All forms may be reproduced at will.

*Rulemaking Authority 624.308(1), 624.610(15) FS. Law Implemented 624.424, 624.610(~~44~~) FS. History–New 3-27-02, Formerly 4-137.011. Amended \_\_\_\_\_.*

**690-137.015 Notice of Nonrenewal of Residential Property Insurance Policies**

(1) In addition to meeting all other requirements of law, each authorized insurer intending to nonrenew more than 10,000 residential property insurance policies within a 12-month period must submit the required notification to the Office at least 90 days before the issuance of any notices of nonrenewal.

(2) The required notification shall be submitted on Form OIR-A1-1680 (effective 05/24), entitled “Notice of Nonrenewal of Residential Property Insurance Policies,” which is hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16775>. The form may be obtained from <https://www.flor.com>.

(3) The notification shall be submitted via the Insurance Regulation Filing System (IRFS) application at <https://irfs.fldfs.com/>.

Rulemaking Authority 624.308(1), 624.4305, F.S. Law Implemented 624.4305, F.S. History – New .

# Rapid Market Intelligence Supplemental Reporting

Pursuant to Section 624.424, Florida Statutes

If you need any assistance during the filing process,  
please contact the Office at

[Research@flair.com](mailto:Research@flair.com)



## *Filing Due Dates:*

*Last day of the month following the reporting period*

Form OIR-D0-1185

Effective Date 05/24

690-137.009, Florida Administrative Code

# Rapid Market Intelligence Supplemental Reporting

Pursuant to Section 624.424, Florida Statutes

Use the Insurance Regulation Filing System (IRFS) to submit the filing: <https://irfs.fldfs.com/>

The template may be downloaded from within IRFS. The user guide for IRFS is available at [www.floir.com](http://www.floir.com).

The due date for each monthly report is the last day of the following month. If the due date falls on a Saturday, Sunday, or legal holiday, the due date is extended to the next business day.

## General Instructions

New IRFS users, or those who do not have access to the account previously used, should create a new account. Filers must subscribe to a company or companies using Entity Management. The company's administrator must approve the request before a filing can be created for the company.

On the Contacts tab, filers should verify pre-populated information and complete any missing responses. Line 14, "Treatment of current filing over last month's filing?" is defaulted to "Continual DATA Reporting." If the company DID NOT file a DATA report in the IMMEDIATE PREVIOUS MONTH, change this response to "New DATA Reporting." Lines 15 and 16 display the number of errors on the Data tab and Dump tab. Error counts must equal zero before uploading in IRFS. The VALIDATION CHECKS column shows TRUE for a response that passes validation or FALSE for a response that is not acceptable. The template will be rejected when uploaded into IRFS unless all show TRUE.

The Dump tab validates the policy type, month, and zip code. Data can be typed or pasted into the Dump tab. The list of valid values for zip code, county and policy type can be found here: <https://floir.com/tools-and-data/data-call-reporting>

The Data tab is read-only. It merges data from the Dump tab with the data submitted in the immediate previous month (shown in pink). The Data tab validates additional rules. Any rows that show FALSE in the VALIDATION CHECKS column will also display an error message which explains the validation. The number of FALSE validations is displayed at the top of the Data tab. Additional information about the validations can be found here: <https://floir.com/tools-and-data/data-call-reporting>

All validations on the Contacts, Data, and Dump tabs must be TRUE before the template can be uploaded into IRFS.

For guidance regarding unusual circumstances, such as how to report policies covering property in multiple zip codes, please refer to our FAQs which can be found at <https://floir.com/tools-and-data/data-call-reporting>.

Data submissions are automatically accessible by the public on [www.floir.com](http://www.floir.com) unless the filing is marked Trade Secret on the Contacts tab. In accordance with section 624.424, F.S., aggregated statewide data is not a Trade Secret.

If you have any questions regarding this report, please contact via email: [Research@floir.com](mailto:Research@floir.com) or telephone the Data Collections Unit at 850-413-3147.

## Contact Information

*Verify pre-populated information and complete any missing responses*

		VALIDATION CHECKS
Is your data Trade Secret?		Required Data Field Complete? FALSE
Select the reporting month ending date		FALSE
Please provide the name of the individual responsible for the coordination and submission of this requested information.		FALSE
What is her or his email address?		FALSE
What is the best number where she or he can be reached?		FALSE
What is the Company's Name?		FALSE
What is the Company's NAIC Code? ("00000" if no NAIC Code exists)		FALSE
What is the Florida Company Code?		FALSE
What is the Company's FEIN?		FALSE
Treatment of current filing over last month's filing? (Choose either "Continual DATA Reporting" or "New DATA Reporting")		FALSE
Count of rows with validation errors on "Data" tab:	Continual DATA Reporting	FALSE
Count of rows with validation errors on "Dump" tab:		FALSE







DATA FROM PREVIOUS PERIOD, IF ANY, WILL APPEAR STARTING ON COLUMN H, LINE 6

7/P\_CODE COUNTY\_ID CSRSNG POLICY TYPE ID MONTH, NAME MONTH\_NUMBER POLICIES\_IN\_FORCE\_NUM POLICIES\_EX\_WIND\_NUM POLICIES\_IN\_WIND\_NUM POLICIES\_CANCELLED\_NUM CANCELLED HURRICANE RISK NUM

POICIES\_NON\_RENEWED\_NUM NON\_RENEWED\_HURRICANE\_RSK\_NI\_B0BUSINESS\_TRANSFERRED\_NUM NEW\_POICES\_WRITTEN\_NUM B0BUSINESS\_RECEIVED\_NUM TOT\_STRUCT\_EX\_WIND\_VAL TOT\_STRUCT\_IN\_WIND\_VAL TOT\_PREMIUM\_EX\_WIND\_VAL TOT\_PREMIUM\_IN\_WIND\_VAL CLAIMS\_OPENED CLAIMS\_CLOSED CLAIMS\_FINDING CLAIMS\_ADR

THIS TAB IS USED FOR WORKBOOK CALCULATIONS  
DO NOT TAMPER WITH THIS PAGE

CLAIMS\_MED CLAIMS\_ARE CLAIMS\_APP CLAIMS\_SINK CLAIMS\_SETTL CLAIMS\_OTH IS\_TRADE\_SECRET

COUNTY (NAME)	ZIP CODE OF COVERED RESIDENCE	POLICY TYPE (EXACT ALPHABETIC DESCRIPTION)	MONTH	Total number of policies in force at the end of reporting month	Number of policies in force that exclude wind coverage at the end of each month	Number of policies in force that include wind at the end of each month	Total number of policies canceled during the reporting month	Total number of policies canceled due to hurricane risk during the reporting month	Total number of policies nonrenewed during the reporting month	Total number of policies nonrenewed due to hurricane risk during the reporting month	Total number of policies transferred to other insurers during the reporting month	Total number of new policies written during the reporting month	Total number of policies received from other insurers during the reporting month
---------------	-------------------------------	--	-------	---	---	--	--	--	--	--	---	---	--

Total dollar value of exposure for policies in force that exclude wind coverage at the end of each month	Total direct premium written for policies in force that exclude wind coverage at the end of each month	Total direct premium written for policies in force that include wind coverage at the end of each month	Total number of claims opened during the reporting month	Total number of claims closed during the reporting month	Total number of claims pending at the end of each month	Total number of claims where alternative dispute resolution was invoked during the reporting month	Total number of claims where mediation was invoked during the reporting month	Total number of claims where arbitration was invoked during the reporting month	Total number of claims where appraisal was invoked during the reporting month	Total number of clients where neutral evaluation for sink holes was invoked during the reporting month	Total number of claims where settlement conference was invoked during the reporting month	Total number of claims where another form of alternative dispute resolution was invoked during the reporting month	ROWS WITH ERRORS: NONE

**VALIDATION CHECK**

**REINSURANCE SUMMARY STATEMENT**  
**(ORIGINAL ONLY)**

*The Reinsurance Summary Statement must contain information about each treaty pursuant to Rule 690-137.001, Florida Administrative Code.*

COMPANY: \_\_\_\_\_

TREATY NUMBER: \_\_\_\_\_ DATE FILED WITH THE OFFICE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

REINSURER(S) (INCLUDE % PARTICIPATION): \_\_\_\_\_

BROKER: \_\_\_\_\_ BROKER FEE: \_\_\_\_\_

TYPE OF TREATY: \_\_\_\_\_

TYPES OF RISKS CEDED: \_\_\_\_\_

ATTACHMENT POINT: \_\_\_\_\_

LOSS TRIGGERS: \_\_\_\_\_

REINSURER'S LIMITS: \_\_\_\_\_

TERRITORIAL LIMIT: \_\_\_\_\_

COMMISSION: \_\_\_\_\_

EXPENSE ALLOWANCE: \_\_\_\_\_

PROFIT COMMISSION (IF APPLICABLE): \_\_\_\_\_

DEPOSIT PREMIUM: \_\_\_\_\_

REPORT REQUIREMENTS: \_\_\_\_\_

REMITTANCE REQUIREMENTS:

IS PAYMENT BASED ON WRITTEN OR EARNED PREMIUM?: \_\_\_\_\_

AMOUNT DUE TO REINSURER(S): \_\_\_\_\_

DUE DATE (INCLUDE % PER INSTALLMENT, IF APPLICABLE): \_\_\_\_\_

PORTFOLIO TREATIES: \_\_\_\_\_

ENTER DATE AND AMOUNT CEDED: \_\_\_\_\_

WITHDRAWAL DATE: \_\_\_\_\_

UNEARNED PREMIUM TRANSFER (YES OR NO) \_\_\_\_\_

LOSS PORTFOLIO TRANSFER (YES OR NO) \_\_\_\_\_

CANCELLATION PROVISIONS: \_\_\_\_\_

COMMUTATION PROVISIONS: \_\_\_\_\_

SPECIAL CLAUSES: \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

SPECIAL EXCLUSIONS: \_\_\_\_\_

SPECIAL TERMINATIONS: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

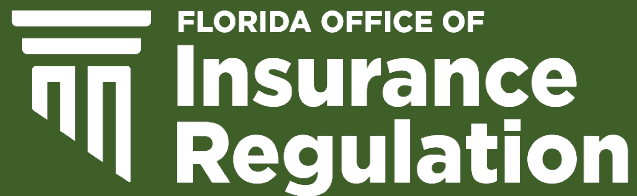
\_\_\_\_\_  
COMPANY OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

VERSION  
24.01.A

TRADE SECRET?  
NO



# Notice of Nonrenewal of Residential Property Insurance Policies

**Due Date: submit to the office at least 90 days before  
the issuance of any notices of nonrenewal.**

Form OIR-A1-1680  
Date 05/24  
690-137.015

*Created by the Florida Office of Insurance Regulation*



# Notice of Nonrenewal of Residential Property Insurance Policies Data Call

pursuant to Section 624.4305, F.S.

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The Florida Office of Insurance Regulation (Office) is calling for data from certain insurers pursuant to Section 624.4305, Florida Statutes.

**DEADLINE: submit to the office at least 90 days before the issuance of any notices of nonrenewal when planning to nonrenew more than 10,000 residential property insurance policies within a 12-month period.**

Each company must submit its filing on an individual company basis.

The Insurance Regulation Filing System (IRFS) application is required to be used to submit your data. Locate IRFS at the following address:

<https://irfs.fldfs.com/>

## COMPONENTS OF THE FILING

This data will include the following components:

- Contacts Component** - This component shows all email accounts subscribed to your company. You may select any to add as a "cc: Contact" for this filing, meaning they will receive notices relevant to the filing and status changes until the filing is closed. You may additionally include outside email addresses in the box below (i.e., those not subscribed to your company). When done click "Save".
- Data Reporting Template** - This is an Excel file downloaded when you click on the template icon. Complete the template in Excel on a local computer then upload to the same component when complete. If no errors are received, then the template will appear in the component.
- **Communication to Agents Component** - Upload a document showing the communication to agents.
- **Communication to Policyholders Component** - Upload a document showing the communication to policyholders.

Please note: Additional underlying documentation shall be made available upon request of the Office.

If you have any questions regarding IRFS support, please contact the Market Data Collections Unit at 850-413-3147, or by email:

[Research@flor.com](mailto:Research@flor.com)

Your prompt cooperation in this effort will be greatly appreciated.

The purpose of this template is to satisfy the filing requirements delineated in section 624.4305, Florida Statutes, regarding nonrenewal of residential property insurance policies. This periodic filing is to be submitted to the Florida Office of Insurance Regulation.		VALIDATION CHECKS
Contact and General Questions	Responses	Required Data Field Complete?
Please provide the name of the individual responsible for the coordination and submission of this information?		FALSE
What is her or his email address?		FALSE
What is the best number where she or he can be reached?		FALSE
What is the Company's name?		FALSE
What is the Company's NAIC code?		FALSE
What is the Florida company code?		FALSE
What is the Company's FEIN?		FALSE
What is the Company's NAIC group code?		FALSE
Is this filing being submitted as trade secret? <i>If yes is selected, once this spreadsheet is uploaded, you must upload the affidavit as required by Section 624.4213, Florida Statutes.</i>		FALSE



County
Alachua
Baker
Bay
Bradford
Brevard
Broward
Calhoun
Charlotte
Citrus
Clay
Collier
Columbia
DeSoto
Dixie
Duval
Escambia
Flagler
Franklin
Gadsden
Gilchrist
Glades
Gulf
Hamilton
Hardee
Hendry
Hernando
Highlands
Hillsborough
Holmes
Indian River
Jackson
Jefferson
Lafayette
Lake
Lee
Leon
Levy
Liberty
Madison
Manatee
Marion
Martin
Miami-Dade
Monroe
Nassau
Okaloosa
Okeechobee
Orange
Osceola
Palm Beach
Pasco
Pinellas
Polk
Putnam
Saint Johns
Saint Lucie
Santa Rosa
Sarasota
Seminole
Sumter
Suwannee
Taylor
Union
Volusia
Wakulla
Walton
Washington

Line of Business	
Code	Description
040	Homeowners Multi-Peril
540	Mobile Home Multi-Peril
550	Mobile Home Physical Damage
010	Property (Fire)
050	Commercial Multi-Peril
030	Farmowners Multi-Peril
020	Allied Lines

Effective Date of First Nonrenewal
MM/DD/YYYY

Number of Policies to be Nonrenewed
Number only

Specific Programs
Names used must match those used on the rating manual page submissions

Arrangements made for other insurers to offer coverage to affected policyholders
Text only

Forms
Commercial Residential - (Apartment Buildings) - WIND ONLY
Commercial Residential - (Condo Associations Only) - WIND ONLY
Commercial Residential - (Homeowners Association) - WIND ONLY
Commercial Residential - Allied Lines (Condo Associations Only)
Commercial Residential - Allied Lines (Excl Condo Associations)
Commercial Residential - CMP (Condo Associations Only)
Commercial Residential - CMP (Excl Condo Associations)
Commercial Residential - Dwelling/Fire (Condo Associations Only)
Commercial Residential - Dwelling/Fire (Excl Condo Associations)
Personal Residential - Allied Lines
Personal Residential - Allied Lines - WIND ONLY DWELLINGS
Personal Residential - Condominium Unit Owners
Personal Residential - Condominium Unit Owners - WIND ONLY
Personal Residential - Dwelling/Fire
Personal Residential - Dwelling/Fire - Mobile Homeowners
Personal Residential - Dwelling/Fire - Mobile Homeowners - WIND ONLY
Personal Residential - Farmowners
Personal Residential - Homeowners (Excl Tenant and Condo) - Owner Occupied
Personal Residential - Homeowners (Excl Tenant and Condo) - Owner Occupied - WIND ONLY
Personal Residential - Mobile Homeowners
Personal Residential - Mobile Homeowners - WIND ONLY
Personal Residential - Tenants
Personal Residential - Tenants - WIND ONLY
Personal Residential - Primary Private Flood
Personal Residential - Excess Private Flood

**690-170.0135 Actuarial Memorandum.**

(1)-(2) No Change

(3) Standards.

(a) No Change

(b) If a model accepted by the Florida Commission on Hurricane Loss Projection Methodology is used, it shall be the current version of the model, however, the immediate prior version of the model accepted by the Commission of the model may be used if the filing is submitted no more than three months after the date the current version is accepted by the Commission. If the insurer is using an averaged model under section 627.062(2)(j)2., F.S., the actuarial memorandum must state that the same averaged model is being used throughout the state and indicate if a weighted average is being used. If a weighted average is used the memorandum must also include an actuarial justification for using that weighted average which shows that it results in a rate that is reasonable, fair, and adequate.

(c)-(d) No Change

*Rulemaking Authority 624.308(1) FS. Law Implemented 624.307, 627.062, 627.0651 FS. History--New 9-5-07, Amended \_\_\_\_\_.*

**690-199.005 Financial Requirements Regarding the Funded, Unearned Premium Reserve Account.**

(1)-(2) No Change

(3) The home warranty association must maintain an unearned premium reserve account or contractual liability insurance unless the conditions in (5) are met.

(a) The unearned premium reserve account is calculated as follows: the minimum reserve for all home warranty associations shall be 25 percent of the gross written premium for which the association is obligated on all contracts, issued in this state.

(b)(4) The unearned premium reserve account shall be totally funded and identified at all times by unencumbered assets. Those prescribed assets funding the unearned premium reserve shall be clearly designated for this purpose and such reserve account must be a separate auditable account for contracts in force in this state.

(4)(5) The ratios required by Section 634.3077(2), F.S., are net assets to gross written premiums for which the association is obligated, wherever written, in any state, except that the ratio of net assets to gross written premiums may be less if the association has net assets of not less than \$500,000 and maintains a funded, unearned premium reserve account equal to a minimum of 40 percent of the gross written premiums received by it from all warranty contracts in force in this state, or if the conditions in (5) are met.

(5) A home warranty association need not maintain an unearned premium reserve account, or liability insurance, and may allow its premiums to exceed the ratio described in (4), if it, or its parent company if it is a wholly owned subsidiary, submits Form OIR-A3-1000 "Home Warranty Association Exception" effective 07/24, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-16772>, and all required supporting documentation and the exemption is approved by the Office.

*Rulemaking Authority 634.302 FS. Law Implemented 634.3077, 634.3135 FS. History—New 7-16-92, Formerly 4-199.005, Amended 5-25-21,*

\_\_\_\_\_.



**Florida Office of Insurance Regulation**

## Home Warranty Association Exception

Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

If the Home Warranty Association is a wholly owned subsidiary of a parent corporation, and the parent corporation's net worth is being used to qualify for this exception, provide the parent corporation's information.

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

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): \_\_\_\_\_

Florida Company Code (if not applicable, indicate by stating such): \_\_\_\_\_

1. The Service Warranty Association seeking this exemption, or its parent corporation if it is a wholly owned subsidiary, must maintain, at all times, a net worth of at least \$100 million USD. The required net worth is maintained by:

\_\_\_ the Service Warranty Association itself, **or**  
\_\_\_ the parent corporation listed above.

**Licensee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. The following documents must accompany this form and be filed in the Company's annual statement filing in the Regulatory Electronic Filing System (REFS), which is located at <https://refs.fldfs.com/Account/Login>:
  - a. Copies of the Home Warranty Association's annual audited financial reports or the audited consolidated financial statements of the Association's parent corporation, clearly showing a net worth of \$100 million USD or more. These statements must be prepared by an independent certified public accountant in accordance with generally accepted accounting principles.
  - b. Copies of the Home Warranty Association's or its parent corporation's Form 10-K, Form 10-Q, or Form 20-F as most recently filed with the SEC or the equivalent documents filed with another recognized stock exchange.
3. If the net worth of the parent corporation is used to satisfy the net worth provision, the application must also be accompanied by:
  - a. A statement that the parent corporation guarantees all service warranty obligations of the association, wherever written. No cancellation, termination, or modification of this guarantee will be effective unless the parent corporation provides the office with 90 days' notice of the cancellation, termination, or modification, and demonstrates that the Home Warranty Association will meet all requirements of Section 634.3077, Florida Statutes, on or before the effective date of the cancellation, termination, or modification.
  - b. A statement that the Home Warranty Association shall maintain a net worth of at least \$750,000 USD at all times.
4. Maintaining the exception:

In order to maintain the exception provided for in Section 634.3077(5), Florida Statutes, the Home Warranty Association or its parent company must submit on a quarterly basis the following documents via REFS, which is located at <https://refs.fldfs.com/Account/Login>.

- a. A written statement that the Home Warranty Association or its parent corporation maintains the \$100 million net worth required under the statute. These quarterly filings will be due on May 15 for the first quarter, August 15 for the second quarter, November 15 for the third quarter, and the annual filing is due on March 1 of the following year.
- b. Copies of Forms 10-K, Form 10-Q, or Form 20-F, filed with the SEC or equivalent documents required to be filed with another recognized stock exchange. These shall be provided on a quarterly and annual basis within 10 days after the last date each such report must be filed with the Securities and Exchange Commission, the National Association of Securities Dealers Automated Quotation system, or other recognized stock exchange.

**OIR-A3-1000**  
**Rev.: 07/24**  
**Rule: 690-199.005**



**Licensee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The undersigned state that they have personal knowledge of the document submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ (“Home Warranty Association”) to seek an exception from the requirements that a home warranty association maintain an unearned premium reserve, maintain liability insurance and not exceed the specified ratio of premiums to net asset limitation set under Section 634.3077, Florida Statutes; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represents that they have the authority to bind the Applicant, and that by their signature here below the Applicant has executed the instrument.

The undersigned understands 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: \_\_\_\_\_

### **690-189.003 Workers' Compensation: Application and Audit Procedures.**

(1)(a) Each employer applying to a carrier in the voluntary market for workers' compensation coverage required by Section 440.38, F.S., shall use Form ACORD 130 FL (rev. 2019/07), "Florida Workers Compensation Application," which is hereby adopted and incorporated by reference. The form shall be completed and submitted to the carrier with which the employer wishes to contract for coverage.

(b) A carrier wishing to use its own application form shall submit the form electronically to the Florida Office of Insurance Regulation (Office) at <http://www.florir.com/iportal>, and receive approval prior to its use.

1. At a minimum the form shall require the employer to provide the following information:

- a. Name, address, and legal status of the employer;
- b. Federal employer identification number;
- c. Type of business and contractor licensing number if the employer is a contractor;
- d. Rating information including past and prospective payroll;
- e. Estimated revenue;
- f. Locations;
- g. List of officers, sole proprietors and partners including their social security numbers (disclosure of social security number is voluntary; as an alternative, attach a copy of exclusion or inclusion forms filed with the state);
- h. List of all employee names, employees' social security numbers and classifications (disclosure of social security numbers is voluntary; as an alternative, the latest RT form with class codes added can be used in lieu of a separate listing of employee names, employees' social security numbers and classifications);
- i. Previous workers' compensation experience;
- j. Former business names and predecessor companies for the last five years;
- k. Former and current owners in the last five years;
- l. All names under which the corporation operates; and,
- m. Any other information necessary to enable the carrier to accurately underwrite the employer.

2. The application shall contain a statement that the filing of an application containing false, misleading, or incomplete information with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage is a felony of the third degree.

3. The application shall contain a sworn statement by the employer ~~that which~~ complies with Section 92.525, F.S., attesting to the accuracy of the information submitted.

4. The application shall contain a sworn statement by the agent attesting ~~that which~~ complies with Section 92.525, F.S., that the agent explained to the employer or officer the classification codes that are used for premium calculations.

(c) Each employer applying for workers' compensation coverage in the Florida Workers' Compensation Joint Underwriting Association (FWCJUA) shall use Form ACORD 130 FL (2019/07) unless the FWCJUA files and receives approval by the Office of Insurance Regulation to use a different application form in accordance with paragraph (1)(b). The FWCJUA shall submit any addendum to the application to the Office and receive approval prior to using. The completed application and all addenda shall be submitted to the FWCJUA at the address on the form.

(d) The Office has determined that posting the incorporated materials would be a violation of federal copyright law. Form ACORD 130 FL (rev. 2019/07), "Florida Workers Compensation Application," is available:

~~1. from~~ ~~From~~ ACORD at <https://www.acord.org/home>; ~~and~~;

2. For Form ACORD 130 FL is available for inspection during regular business hours at the Office of Insurance Regulation, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0300, and for inspection during regular business hours at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399-0250.

(2)(a) An application complying with this rule is required for all policies having covered Florida exposure. For new business effective after the implementation of this rule, a carrier shall use an application ~~that which~~ complies with this rule. When this new business policy is renewed, the carrier is not required to obtain another application. These requirements also apply to policies written in other states where there is covered Florida exposure other than incidental Florida exposure.

(b) The employer shall sign the application.

(c) It is permissible for insurers to accept electronic signatures in satisfaction of the application signature requirements to the extent that such acceptance of electronic signatures complies with Parts I and II of Chapter 668, F.S.

(3)(a) Each employer in the voluntary market or the FWCJUA may be required by their carrier to submit Form ACORD 175-FL (rev. 3/97), "Florida Workers' Compensation Monthly Change Sheet," which is hereby adopted and

incorporated by reference. Carriers may use their own monthly change sheet containing the same information shown on the adopted form. This form is used to reflect any change in the required application. The monthly change sheet is applicable to new and renewal policies ~~that which~~ have been issued with an application that complies with this rule. It is not necessary for an employer to submit a monthly change sheet if there are no changes to report.

(b) The Office has determined that posting the incorporated materials would be a violation of federal copyright law. Form ACORD 175-FL (rev. 3/97), "Florida Workers' Compensation Monthly Change Sheet," is available: from the Association for Cooperative Operations Research and Development (ACORD), 150 Clove Road, Little Falls, New Jersey 07424, at <https://www.acord.org/home>. Form ACORD 175-FL is available for inspection during regular business hours at the Office of Insurance Regulation, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0300, and for inspection during regular business hours at the Department of State, R.A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399-0250.

(4)(a) In order to ensure that the appropriate premium is charged for workers' compensation coverage, each employer and carrier shall comply with:

1. The requirements of Section 440.381, F.S.; and,

2. ~~The current~~ As applicable, the voluntary market ~~minimum~~ audit requirements ~~and FWCJUA minimum audit requirements~~ as set forth in the National Council on Compensation Insurance's (NCCI) Basic Manual, Florida State Special Audit Rules, approved for use by the Office, and hereby incorporated by reference paragraphs (4)(b) and (4)(c), below.

(b) Each voluntary market carrier and each employer covered by a voluntary market carrier shall comply with the following minimum audit requirements at the expiration of each policy:

1. Final audits shall be conducted for both new and renewal policies as follows:

a. For policies with an estimated annual premium of \$10,000 and over, a final physical audit shall be completed annually on all risks regardless of governing classification code;

b. For policies with an estimated annual premium of ~~\$1 to \$9,999 to \$1~~, a final mail or physical audit shall be completed annually on all risks regardless of governing classification;

c. For all new business policies having construction classifications, regardless of premium range a final physical audit shall be completed annually;

d. For all ~~renewal business~~ policies having construction classifications, a final physical onsite audit shall be conducted annually if the estimated annual premium is ~~\$10,000 \$5,000~~ and over; and,

e. Per capita policies shall have a final mail or physical audit not less than biennially.

2. Physical audits will be made whenever requested by the employer unless such request is unnecessarily repetitive.

3. Mail audit reports by the employer are permitted only where a physical audit is not required.

4. Records examined during the physical audit shall include the use of the following as applicable:

a. Reemployment Tax (RT) forms;

b. Federal reports of employee income;

c. Payroll records;

d. Cash disbursement journals;

e. Other acceptable accounting records;

f. Certificates of insurance covering subcontractors; and,

g. Independent contractor documents.

h. Any other employer records necessary to establish premium or assign classifications.

5. Each voluntary market carrier or the National Council on Compensation Insurance shall conduct audits to ensure the accurate classification assignments for duties of employees.

(c) The FWCJUA or its service provider and each employer covered by the FWCJUA shall comply with the following minimum audit requirements at the expiration of each policy:

1. Final physical audits shall be conducted as follows:

a. For all policies producing an estimated annual premium of \$4,000 and over regardless of governing classification code;

b. For all policies producing an estimated annual premium of \$3,999 to \$3,000, at least once every three years;

c. For all policies with a governing classification code of 2702, 2710, 5022, 5403, 5437, 5445, 5474, 5551, 5606, 5645, 6217, 7219, 8829, 8835, 8861 and 9110, regardless of premium range;

d. For all policies for employers engaged in leasing employees to others or in providing temporary help to others, regardless of premium range;

e. For all new business policies having construction classification codes, regardless of premium range;

f. For all policies with a loss ratio of 120% or greater the first year the employer qualifies and thereafter, regardless of premium range, subject to the FWCJUA's or its service provider's determination whether such audit is unnecessarily repetitive;

g. Whenever requested by the employer, unless such request is unnecessarily repetitive; and,

h. Whenever otherwise warranted by the FWCJUA's or its service provider's evaluation of the type of business, the amount of exposure, the accuracy of classifications, or the reliability of previous mail or physical audits.

2. Mail audit reports by the employer are permitted only where a physical audit is not required.

3. Records examined during the physical audit shall include the use of the following as applicable:

a. Reemployment Tax (RT) forms;

b. Federal reports of employee income;

c. Payroll records;

d. Cash disbursement journals;

e. Other acceptable accounting records;

f. Certificates of insurance covering subcontractors; and,

g. Independent contractor documents.

h. Any other records necessary to establish premium or assign classifications.

4. The FWCJUA, its service provider or the National Council on Compensation Insurance shall conduct audits to ensure the accurate classification assignment for duties of employees.

(d)1. In addition, each employer shall submit a copy of the quarterly earning report required by Chapter 443, F.S., to the carrier at the end of each quarter.

2. Each carrier shall develop its own procedures for terminating coverage when the quarterly earning report forms are not received. However, such forms shall be considered timely if received within 45 days of the end of the quarter reported.

(e) The carrier shall retain new or renewal applications, monthly change sheets, and the quarterly earning reports for a minimum of three years from the date the applications, sheets, or reports were received.

(f) Telephone audits are not permitted in lieu of mail or physical audits.

(g) Signatures.

1.a. A carrier, in order to comply with the signature requirements as provided in Section 440.381(3), F.S., shall use, as applicable:

(I) Form OIR-B1-1562 (rev. 7/03), "Partner's, Sole Proprietor's or Corporate Officer's Statement," hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX). The form may be obtained from <https://www.floir.com/iportal>;

(II) Form OIR-B1-1561 (rev. 7/03), "Statement of Individual Providing Audit Information (other than Partner, Sole Proprietor or Corporate Officer)" hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX). The form may be obtained from <https://www.floir.com/iportal>; and,

(III) Form OIR-B1-1560 (rev. 7/03), "Auditor's Statement," hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX). The form may be obtained from <https://www.floir.com/iportal>.

b. The forms in this subsection (4) are hereby adopted and incorporated by reference and may be obtained from the Office's website at <http://www.floir.com/iportal>.

c. These forms shall be signed by the appropriate party and submitted to the carrier at the completion of an audit.

2.a. A carrier wishing to use its own signature forms shall submit the forms electronically to Property and Casualty Product Review at <https://iportal.fldfs.com>, and receive approval prior to use.

b. At a minimum the forms shall contain all text as it appears on:

(I) Form OIR-B1-1562 (rev. 7/03), "~~Partner's, Sole Proprietor's or Corporate Officer's Statement~~" ~~The form may be obtained from https://www.floir.com/iportal;~~

(II) Form OIR-B1-1561 (rev. 7/03), "~~Statement of Individual Providing Audit Information (other than Partner, Sole Proprietor or Corporate Officer)~~"; and,

(III) Form OIR-B1-1560 (rev. 7/03), "~~Auditor's Statement.~~"

3. It is permissible for insurers to accept electronic signatures in satisfaction of the signature requirements of Section 440.381(3), F.S. to the extent that such acceptance of electronic signatures complies with parts I and II of Chapter 668, F.S.

*Rulemaking Authority 440.381, 624.308(1) FS. Law Implemented 440.105(4)(b)5., 440.381, 624.307, 624.424(1)(c) FS. History--New 8-1-91, Formerly 4-28.007, Amended 10-3-95, 10-10-96, 1-15-98, 11-21-00, 11-5-02, 9-22-03, Formerly 4-189.003, Amended 3-29-05, 3-10-10, 12-26-19, \_\_\_\_\_.*

**690-191.094 Change of Name.**

(1) No name other than that listed on the HMO's Certificate of Authority or those approved ~~certified~~ by the Office pursuant to subsections (2) and (3) of this rule shall be used by the HMO.

(2) The name of the HMO shall not be changed without prior approval of the Office. The approval process is as follows:

(a) The HMO shall file a request with the Office to change the HMO's name. The request shall include a plan by which current subscribers and providers will be notified of the name change. This plan shall include a copy of any proposed notice to be sent to subscribers and providers.

(b) Once the Office approves the name change, the HMO shall submit:

1. A Board Resolution from the HMO affirming the decision to change the HMO's name;

2. ~~Amendments to the Articles of Incorporation certified by the Florida Secretary of State reflecting the new name; and By Laws of the HMO affirming the name change;~~

3. ~~ByLaws of the HMO certified by the HMO reflecting the new name; Certification from the Secretary of State Office that the name has been changed, and that the change has been filed with the Secretary of State's Office;~~

4. A Florida Certificate of Status reflecting the new name;

5. ~~4. Documentation showing that the name change has been made on all insurance policies in which covering the HMO is named as an insured; and;~~

6. ~~5. Documentation showing that all new subscriber contracts will include the new name of the HMO; and -~~

7. ~~Forms OIR-C1-0510 and OIR-C1-0511, incorporated by reference in Rule 690-136.100, F.A.C.~~

(3) Fictitious names, as defined in Section 865.09, Florida Statutes, shall not be used without prior approval of the Office. The approval process is as follows:

(a) The HMO shall file a request with the Office to use a fictitious name. The request shall include a plan by which affected subscribers and providers will be notified of the use of the fictitious name. This plan shall include a copy of any proposed notice to be sent to subscribers and providers.

(b) Once the Office approves the use of the fictitious name, the HMO shall submit documentation from the Florida Secretary of State evidencing the HMO's registration of the fictitious name. The HMO may not use any fictitious or d/b/a name unless it receives prior approval by the Office in accordance with subsection (1), above.

*Rulemaking Authority 641.36 FS. Law Implemented 641.31(3)(a), 641.33(2) FS. History—New 2-22-88, Formerly 4-31.094, Amended 5-28-92, Formerly 4-191.094. Amended \_\_\_\_\_.*

**690-207.001 Late Filed Reports - Fine Schedule.**

(1) The following schedule of fines is hereby adopted by the Commission as a guideline in assessing fines against the referenced entities for the late filing of annual reports or statements as required by law:

Entity	Per Day Fine A	B	Maximum Fine
(a) Continuing Care (Sections <del>651.026(1)</del> and 651.015(2)(c), <del>651.026(1)</del> F.S.)	<del>\$50</del> 25 per day	\$50 per day	None
(b) Health Maintenance Organizations (Section 641.26 <del>(4)</del> 3), F.S.)	\$1,000 first 10 days \$2,000 after 10 days 100 per day	\$200 per day	\$100,000
(c) Prepaid Health Clinics (Section 641.41(2), F.S.) (Section <del>637.118(2)</del> , F.S.)	\$25 per day	\$50 per day	None
(d) Multiple Employer Welfare Arrangements (Section <del>624.442(5)</del> 624.4211(2), F.S.)	\$1,000 first 10 days \$2,000 after 10 days 100.00 per day	\$200 per day	\$100,000 <del>2,500</del>
(e) Motor Vehicle Service Agreements (Sections 634.137 <del>(3)</del> , <del>634.131(3)</del> , F.S.)	\$100 per day	\$100 per day	None
(f) Home Warranty (Section 634.313(3), F.S.)	<del>\$100</del> 25 per day	\$50 per day	None
(g) Premium Finance (Section <del>627.833</del> , <del>626.681</del> , F.S.) (Rule 69O-196.007(2), F.A.C.)	\$12.50 per day	\$25 per day	\$10,000 <del>500</del>
(h) Prepaid Legal (Section 642.0338(2), F.S.) (Rule 69O-201.012(2), F.A.C.)	\$1,000, nonwillful \$5,000, willful 12.50 per day	\$25 per day	\$5,000, nonwillful 25,000, willful 1,000
(i) Service Warranty (Section 634.415(3), F.S.)	\$100 <del>50</del> per day	\$100 per day	None
(j) Insurance Administrators (Section 626.894(2), <del>(3)</del> , F.S.)	\$1,000, nonwillful \$5,000, willful 12.50 per day	\$25 per day	\$5,000, nonwillful 25,000, willful 1,000

“A” is applicable if the entity filed late last year and filed late this year, but within 5 days after notice or if timely filed last year and late by more than five days after notice in current year. “B” is applicable if the entity filed late last year and filed late in current year more than 5 days after notice.

(2) ~~In assessing t~~The fines provided in subsection (1), above, ~~the Office will consider may be increased or decreased based on~~ the following mitigating and aggravating factors:

(a) Mitigating:

1. The entity has given advance notice to the Office that it will be filing late.
2. Justifiable unforeseen cause not within control of entity.
3. The entity has timely submitted major portions of the report.
4. Other mitigating factors as the Office may determine on the facts of the particular situation.

(b) Aggravating:

1. The entity has not given prior notice to the Office that it will be filing late.
2. Adverse financial condition indicated when report is filed.
3. Past violations by the entity.
4. Willfully or intentionally failing to file the report.
5. Other aggravating factors as the Office may determine on the facts of the particular situation.

(3) The fines referenced in subsection (1), above, are in addition to any other penalties that may be allowed by law, including the summary suspension of authority to transact business until the report is filed.

(4) For purposes of this rule an annual report or statement, required by law, is deemed received by the Office on the date it is submitted electronically at <http://www.flair.com/iportal>.

*Rulemaking Authority 624.308(1), 624.4331, 626.8991, 634.021, 634.137, 634.302, 634.402, ~~634.137~~, 641.36, 641.403, 651.015(3), FS. Law Implemented 624.307(1), 624.424, 624.442(5), 626.681(1)-(2), 626.894(2)-(3), 627.833, 634.137(3), 634.313(3), 634.415(3), ~~637.118(2)~~, ~~637.278(2)~~, ~~637.423~~, 641.26(4), 641.41(2), 642.0338(2),*

651.012(2)(c), 651.026(1), FS. History—New 1-28-91, Formerly 4-120.001, 4-207.001, Amended 7-30-17, Amended \_\_\_\_\_.