



**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

---

**APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by the Office. This package includes five (5) categories of information:

- |             |   |                           |
|-------------|---|---------------------------|
| Section I   | - | Application Fees and Form |
| Section II  | - | Legal                     |
| Section III | - | Financial                 |
| Section IV  | - | Management                |
| Section V   | - | Forms and Rates           |

Each of these sections is processed by different bureaus of the Office. It is extremely important that the application be completed in its entirety in the format specified.

Please submit your package tabularized in a binder that has been two-hole punched at the top and place the tabs at the bottom of the documents. (Example: The tab labeled II-1 would contain the certified Articles of Incorporation).

**PLEASE NOTE: THE COMPLETED CHECKLIST MUST BE RETURNED WITH THE APPLICATION PACKAGE!**

You are required to have your forms and rates approved as a condition precedent to receiving a license. All forms submitted must be either printer's proofs or actual forms with the name and address of the applicant's company imprinted or typed thereon.

Mail the completed application package to:

Office of Insurance Regulation  
Company Admissions  
200 East Gaines Street, Larson Building  
Tallahassee, Florida 32399-0332

**In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.**

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION I - APPLICATION FEES AND FORMS**

Section I-1 License Fee

Applicants must pay a license fee of \$200. This fee is due and payable at the time of filing the application for licensure.

Secure your check to the INVOICE (included in this package) and send to:

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

Place a copy of the INVOICE and a copy of the check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fee.

Section I-2 Fingerprint Fee

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. Please see form OIR-C1-938 for instructions. The fingerprint cards are to be submitted with the application filing.

Place a copy of your on-line payment confirmation along with the fingerprint cards in the management section (IV-5).

NOTE: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see form OIR-C1-938 for instructions.

**NOTE: Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.**

Section I-3 Application for License to Conduct Business in the State of Florida (Home Warranty Association) (Official Form).

Complete this form and have it signed by the President and Secretary of the company. An original signature and corporate seal are required on the application form submitted to the Office.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION II - LEGAL**

Section II-1 Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. They must be recently certified by the State of domicile. The certification letter must be an original, certified by the State of domiciles public official having custody of the original certificate.

Section II-2 Certificate of Status from Florida Secretary of State

Provide an original certificate of status from the Florida Secretary of State if the applicant is a foreign corporation. All foreign corporations are required to secure, through the office of the Secretary of State of Florida, a charter to do business in Florida.

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of Insurance Regulation as part of your application as proof of your filing with the Secretary of State as a foreign corporation.

Section II-3 Company Bylaws

The Bylaws must be sealed by the company and signed and dated by the Secretary of the company. NO signatures other than the Secretary's signature will be accepted.

Section II-4 Service of Process Consent and Agreement (Official Form)

The Service of Process Consent and Agreement form (attached). NO signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted, and the signatures must be under corporate seal.

Section II-5 Fictitious Name Filing

If the organization plans to utilize a fictitious name, include in this section one certified copy (not a photocopy) of a certificate from the Clerk of the Circuit Court in the county where domiciled, attesting to compliance with Section 865.09, Florida Statutes (the Fictitious Name Statute).

## Section II-6 Certificate of Status from State of Domicile

A certificate of status is a document issued by the public official having supervision of the records of corporations, usually the Secretary of State. This document shows that the company is duly organized in the state and that all taxes and fees have been paid. The certificate must be obtained from the applicant's home state and filed with the application. It must show good standing, be sealed by the state, and be an original document, not a copy.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION III – FINANCIAL**

Section III-1 Financial Statements

The 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 twelve (12) months old.

Section III-2 Financial Requirements

The applicant must comply with either of the following:

- A. Supply the Office with a copy of an approved executed contractual liability insurance policy. (See the attached sample policy form for approvable language.)

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 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

To assure the faithful performance of its obligations to its contract holders in the event of insolvency, each home warranty association shall, before the issuance of its license, deposit and maintain securities of the type eligible for deposit. a.) Home warranty associations shall deposit \$100,000 in securities in accordance with Section 625.52, Florida Statutes. OR, b.) The applicant may file with the Office, subject to the approval by the Office, a surety bond issued by an authorized surety insurer not to exceed an amount of \$75,000 plus; a deposit equal to a minimum amount of \$25,000 in securities in accordance with Section 625.52, Florida Statutes.

For information on how to make the required securities deposit, contact the Bureau of Collateral Management at:

Department of Financial Services  
Bureau of Collateral Management  
Capitol Building – Room P-3  
Tallahassee, FL 32399-0345  
(850) 413-3167

#### 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.

Also in this section, list all companies or individuals which directly or indirectly control, or are controlled by, or under control of, the applicant. Include the names and addresses of all affiliates, subsidiaries, or related entities. Along with the list, an organizational chart must be included for clarification purposes.

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. **Management.** Applicant is to provide its home warranty experience in the areas of marketing, claims handling, accounting and investments.

C. **Products.** Applicant should give a description of each product it plans to market.

D. **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

In this section, the applicant should provide a list of states in which it or affiliated companies conduct home warranty business.

Section III-6 Alphabetical List of Proposed Sales Representatives

The applicant should complete the attached form relating to 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 Bureau of Licensing by calling (850) 413-3137.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION IV - MANAGEMENT**

**ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

Section IV-1: List of All Officers, Directors and Shareholders

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% or more), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholders owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. 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 referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.
- C. Full names, including middle names, must be listed. Please state if a middle name does not exist.

Section IV-2 Biographical Statement and Affidavit for Officers, Directors and Shareholders

Provide a biographical affidavit (Form OIR-C1-1423) for each officer, director, 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. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 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, instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

### Section IV-3 Investigative Background Reports

An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer to form OIR-C1-905 for instructions.

### Section IV-4 Fingerprint Cards

Fingerprint cards must be completed for each person listed in Section IV-1. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Please place the completed fingerprint cards in this section.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION V - FORMS AND RATES**

**NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS OR RATES.**

Section V-1 Forms

Submit three copies of all proposed warranty contracts, related forms and sales brochures. The warranty contracts and applications for warranty contracts should be serially pre-numbered and contain spaces for the selling price; the name of the issuing sales representative; the date of issuance; the contract period; and the name, address and phone number of the contract holder.

Section V-2 Rates

Submit three copies of all rates to be charged, rating schedules or rating manuals. Please note that all warranty contracts must be sold at the approved rates.

Section V-3 Commission Structure

Submit a complete breakdown of your proposed commission structure. This breakdown should include but not be limited to: sales representatives, agents, insurers and licensed administrators.

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION I - APPLICATION FEES AND FORM**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Specialty insurer license fee paid .....	<input type="checkbox"/>
(a) Copy of invoice included (Official Form) .....	<input type="checkbox"/>
(b) Copy of check .....	<input type="checkbox"/>
(c) Copies placed as top documents in application.....	<input type="checkbox"/>
(d) Original mailed to Bureau of Financial Services .....	<input type="checkbox"/>
2. Fingerprint fees paid electronically .....	<input type="checkbox"/>
(a) Copy of on-line payment confirmation .....	<input type="checkbox"/>
Or, if applicable	
(b) Copy of form OIR-C1-903 (Invoice) included .....	<input type="checkbox"/>
c) Copy of Check included .....	<input type="checkbox"/>
(d) Originals mailed to Bureau of Financial Services .....	<input type="checkbox"/>
3. Company completed application for license (Official Form) .....	<input type="checkbox"/>
(a) All blanks completed .....	<input type="checkbox"/>
(b) Sealed by company .....	<input type="checkbox"/>
(c) Signed by President (original signature) .....	<input type="checkbox"/>

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION II - LEGAL**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation .....	<input type="checkbox"/>
(a) Original certification by State of domicile's public custodian .....	<input type="checkbox"/>
(b) Articles with all amendments attached .....	<input type="checkbox"/>
2. Certificate of Status from Florida .....	<input type="checkbox"/>
(a) Good standing indicated .....	<input type="checkbox"/>
(b) Sealed by State .....	<input type="checkbox"/>
(c) Signed by Secretary of State .....	<input type="checkbox"/>
(d) Original.....	<input type="checkbox"/>
3. Company Bylaws .....	<input type="checkbox"/>
(a) Signed and dated by corporate secretary .....	<input type="checkbox"/>
(b) Sealed by the company (corporate seal) .....	<input type="checkbox"/>

- 4. Service of Process Consent and Agreement (Official Form) .....

  - (a) Signed and dated by:
    - 1. President or Chief Executive Officer .....
    - 2. Secretary .....
  - (b) Sealed by company (corporate seal) .....
  - (c) Original with all blanks completed .....

- 5. Fictitious Name Certificate (if applicable) .....

  - (a) Original .....

- 6. Certificate of Status from State of Domicile.....

  - (a) Good standing indicated .....
  - (b) Sealed by State .....
  - (c) Signed by Secretary of State .....
  - (d) Original .....

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION III - FINANCIAL**

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

<u>Item #</u>	<u>Completion Check List</u>
1.	Financial Statements ..... <input type="checkbox"/>
(a)	Balance sheet ..... <input type="checkbox"/>
(b)	Income statement ..... <input type="checkbox"/>
(c)	Statement of cash flows ..... <input type="checkbox"/>
(d)	Verified under oath by at least two of the principal officers ..... <input type="checkbox"/>
(e)	Not over 12 months old ..... <input type="checkbox"/>
(f)	If indication of a parent corporation in Section IV, financial statement for parent ..... <input type="checkbox"/>
2.	Financial requirements ..... <input type="checkbox"/>
(a)	A copy of the executed contractual liability insurance policy ..... <input type="checkbox"/>
	Or
(b)	A sworn statement of intent to establish a reserve ..... <input type="checkbox"/> If applicable, a list of the assets funding the reserve ..... <input type="checkbox"/>
3.	Deposit:
(a)	\$100,000 ..... <input type="checkbox"/>
	Or
(b)	\$25,000 and \$75,000 Surety bond ..... <input type="checkbox"/>

- 4. Plan of Operations ..... 
  - (a) History ..... 
    - List of controlling or controlled companies .....
    - List of d/b/a's, trade names, or fictitious names .....
  - (b) Management .....
  - (c) Products .....
  - (d) Marketing & Growth .....
- 5. List of states in which the applicant is licensed to operate .....
- 6. List of sales representatives (Official Form) .....

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION IV - MANAGEMENT**

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

<u>Item #</u>	<u>Completion Check List</u>
1.	Listing of all officers, directors, controlling individuals and shareholders .... <input type="checkbox"/>
a.	Separate listing of all officers, directors, controlling individuals, and shareholders including percentage held and number and class of shares for the company and its parents and/or holding companies (Official Form) ..... <input type="checkbox"/>
b.	If parent company indicated, organization chart ..... <input type="checkbox"/>
c.	Full names and titles listed (including full middle name or indication if one does not exist) ..... <input type="checkbox"/>
2.	Biographical Affidavits for each individual listed in Section IV-1 (Official Form) ..... <input type="checkbox"/>
	For each form:
(a)	All blanks completed ..... <input type="checkbox"/>
(b)	Contains original signature ..... <input type="checkbox"/>
(c)	Notarized (original) ..... <input type="checkbox"/>
(d)	Full name given (including full middle name or indication if one does not exist) ..... <input type="checkbox"/>
(e)	Submitted original of each affidavit ..... <input type="checkbox"/>
(f)	Provide Social Security Number on separate page ..... <input type="checkbox"/>

- 3. Investigative Background Report for each Individual listed in Section IV-1 .....
  - 4. Fingerprint cards enclosed for each person listed in Section IV-1 .....
- For each card:
- (a) Card obtained from the Office of Insurance Regulation .....
  - (b) Card contains original signature .....
  - (c) No erasures on or alteration of card .....
  - (d) All blanks completed .....

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPLICATION FOR LICENSE  
HOME WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION V - FORMS AND RATES**

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

<u>Item #</u>	<u>Completion Check List</u>
1. Forms and sales brochures .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
(b) Serially pre-numbered .....	<input type="checkbox"/>
(a) Spaces for:	
(1) Selling price .....	<input type="checkbox"/>
(2) Name of issuing sales representatives.....	<input type="checkbox"/>
(3) Date of issuance .....	<input type="checkbox"/>
(4) Contract period .....	<input type="checkbox"/>
(5) Contract holder's names, address, and phone number .....	<input type="checkbox"/>
2. Rates to be charged .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
3. Proposed commission structure .....	<input type="checkbox"/>

**FLORIDA OFFICE OF INSURANCE REGULATION**

**CHECKLIST VERIFICATION**

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by \_\_\_\_\_ that he/she has read said  
(Entity Name)

application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person 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.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION

APPLICATION FOR LICENSE TO CONDUCT BUSINESS  
IN THE STATE OF FLORIDA  
HOME WARRANTY ASSOCIATION

\_\_\_\_\_, 20\_\_

TO THE DIRECTOR OF INSURANCE REGULATION OF THE STATE OF FLORIDA,  
TALLAHASSEE, FLORIDA

SIR: The \_\_\_\_\_  
(Give name of applicant company in full)

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

Of \_\_\_\_\_  
(Home Office Address) (City) (State)(Zip)

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

through its duly authorized officers, hereby applies for license authorizing and empowering the company aforesaid to transact home warranty business in the State of Florida, under the laws thereof and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By: \_\_\_\_\_  
President or Chief Executive Officer

(Corporate Seal)

Attest \_\_\_\_\_  
Secretary

Name of Attorney or Principal filing this application:

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

OIR-C1-490  
REV 12/05

**INVOICE**

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
HOME WARRANTY ASSOCIATION  
REQUEST FOR PAYMENT OF APPLICATION FEES**

The enclosed check number \_\_\_\_\_, in the amount of \$ \_\_\_\_\_, dated \_\_\_\_\_ is transmitted herewith to cover taxes and fees due the State of Florida.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
(Corporate Official)

Forward to: Department of Financial Services  
Office of Financial Services  
Post Office Box 6100  
Revenue Processing Section  
Tallahassee, Florida 32314-6100

**FOR DEPARTMENT USE ONLY**

.RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	AMOUNT	SOURCE
	\$200.00	10	31			
LICENSE NUMBER	Dated			Mailed		
	MO	DAY	YR	MO	DAY	YR
	MAILED BY					

# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

Original Designation       Insurer Name Change       Merger / Acquisition       Update Delivery Information

Insurer or Company Name: \_\_\_\_\_

Previous Name (If applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FEI # \_\_\_\_\_

FL Company Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

## Designated Person

to receive process: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_

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

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

## Signature:

\_\_\_\_\_ I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
President or CEO's Name(Typed or Printed)

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.

SEAL

OIR-C1-144  
Rev 06/2004

**NOTE: THIS FORM AND METHOD OF PAYMENT FOR USE ONLY BY NON-U.S. CITIZENS WITH NO SOCIAL SECURITY NUMBER – ALL OTHER APPLICANTS SEE OIR-C1-938 FOR FINGERPRINT PROCESSING PAYMENT INSTRUCTIONS**



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

**INVOICE FOR NON-U.S. CITIZENS WITH NO SOCIAL SECURITY NUMBER**

**REQUEST FOR PAYMENT OF FINGERPRINT CHARGES**

NAME OF COMPANY: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

\_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

In reference to the recent submission by the above referenced insurer regarding the fingerprint cards requested on each officer and/or director, it is necessary that this form and the fingerprint cards be returned with the proper payment as listed below for the processing of these cards.

**PLEASE NOTE:**

1. Send a check in the proper amount payable to the Florida Department of Financial Services and **mail check and invoice only** to the Department of Financial Services, Bureau of Financial Services, Post Office Box 6100, Tallahassee, Florida 32314-6100.
2. Send fingerprint cards, a **copy** of the check and invoice along with the completed application package to the Florida Office of Insurance Regulation, Company Admissions, Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0332.

**B/T**  
**C**

**TY/CL**  
**1002**

**F/T**  
**F**

**FEE SCHEDULE:**

Number of Cards \_\_\_\_\_ @ \$64.00 per person ... \$ \_\_\_\_\_

**Attach list of individuals for whom fingerprint cards are submitted with this invoice.**



**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

---

**INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS**

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package.
2. Please refer to the NAIC website at [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm), "Third Party Vendors for Background Reports", for specific information regarding background investigation vendors.
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will transmit investigative reports electronically to the Florida Office of Insurance Regulation ("Office") to this e-mail address: [bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com) in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.
5. Applicants are required to arrange for the reports to be directly transmitted to the Office by the selected vendor to this e-mail address: [bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com) prior to or contemporaneously with the submission of each application filing, with the exception of acquisition filings.
6. Acquisition filings must include evidence indicating that background reports have been ordered, including proof of payment.
7. Any questions regarding this process may be directed to the Office at [appcoord@flor.com](mailto:appcoord@flor.com)



# Office of Insurance Regulation

## Company Admissions

### FINGERPRINT CARD AND PAYMENT INSTRUCTIONS

**For instructions on payment of fingerprint processing fees, and for using the digital fingerprint option, see Page 2.**

Fingerprints submitted on a card not provided by the Florida Office of Insurance Regulation will not be accepted.

THE CARD MUST BE SIGNED BY THE APPLICANT.

FLORIDA RESIDENTS: You must take the fingerprint card to a law enforcement agency in Florida for fingerprint service.

OUT OF STATE RESIDENTS: CONSULT YOUR LOCAL LAW ENFORCEMENT AGENCIES FOR ADDITIONAL INSTRUCTIONS.

The top portion of the fingerprint card must be completed in order for FDLE and FBI to process the card. If the law enforcement agency does not fill out the top portion of the card for you, you are responsible for filling it out with all information applicable to you.

The following specific instructions should be followed:

- ◆ Fingers should be washed and dried thoroughly prior to prints being taken.
- ◆ Do not sign the fingerprint card until you are in the presence of the person who will take the fingerprints.
- ◆ The fingerprint card **MUST** be typed or filled out in **BLACK INK**.
- ◆ Your name, at the top of the fingerprint card, and all other information should be typed or printed clearly.
- ◆ Identity of private contractors should be shown in space "EMPLOYER AND ADDRESS".
- ◆ The section titled Date of Birth DOB, Place of Birth POB, SEX, HGT (height), WGT, (weight), EYES, and HAIR must all be filled out.

RACE- Use W for White, B for Black, A for Asian, I for Indian, etc. DO NOT USE THE LETTER C.

HGT- Use feet and Inches. DO NOT USE TOTAL INCHES.

EYES AND HAIR- To describe color of eyes and hair, use appropriate three letter code from the following list:

<u>COLOR</u>	<u>CODE</u>
Bald**	BAL (Hair Only)
Black	BLK (Hair Only)
Blond or Strawberry	BLN (Hair Only)
Blue	BLU (Eyes Only)
Brown	BRO
Gray or Partially Gray	GRY (Hair Only)
Green	GRN (Eyes Only)
Hazel	HAZ (Eyes Only)
Red or Auburn	RED (Hair Only)
White	WHI (Hair Only)

- ◆ \*\*Bald (BAL) is to be used when the subject has lost most of the hair on top of their head.
- ◆ The section titled Citizenship CTZ is for your citizenship –USA, Cuba, Canada, etc.
- ◆ The section titled Armed Forces No. MNU is for your military service number if you have one.
- ◆ The section titled Social Security No. SOC is for your social security number if you have one, and it is VERY IMPORTANT. However, pursuant to section 119.072, Florida Statutes, the social security number must be collected and maintained on a separate page, see attached.
- ◆ You are not required to fill out the sections titled:

Your No. OCA  
 FBI No. FBI  
 Miscellaneous No. MNU

Do not fold or damage the fingerprint card in any way. The fingerprint card cannot be processed if it has been folded, erased or damaged. You may include cardboard backing to protect the fingerprint card if you like.

NOTICE: Your fingerprint card must be typed or filled out in BLACK INK. Information which has been entered on the cards may not be altered in any way, i.e., erased, covered with correction fluid or tape, marked out, etc. In addition, cards may not be folded, stapled, torn or marred in any way.

## FINGERPRINT PAYMENT AND LIVESCAN INSTRUCTIONS

### **When submitting paper fingerprint cards:**

1. Pre-payment of fingerprint processing fees shall be made electronically at [www.fldfsprints.com](http://www.fldfsprints.com)  
  
Step 1: Begin Registration.  
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR.  
Step 3: Pay for Ink Card Submission.  
Step 4: Enter Personal Information.
2. Submit a copy of the on-line payment confirmation along with the completed cards and other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

### **When using the LiveScan Option (Florida residents only):**

1. Pre-payment of fingerprint processing fees for LiveScan submissions shall be made electronically at [www.fldfsprints.com](http://www.fldfsprints.com).  
  
Step 1: Begin Registration.  
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR  
Step 3: Enter a zip code to determine the closest fingerprinting location **or** choose the region you will be in for your identification appointment.  
Step 4: Enter Personal Information.
2. Submit a copy of the on-line payment confirmation along with other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

**Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.**

For questions email [appcoord@flor.com](mailto:appcoord@flor.com).

# **CONFIDENTIAL**

Pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07, Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

The requirement for the applicant's social security is mandatory.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

# **CONFIDENTIAL**



**Office of Insurance Regulation**  
**Specialty Product Administration**

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

**CONTRACTUAL LIABILITY POLICY  
(MODEL)**

**DECLARATION**

POLICY NUMBER: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ -- \_\_\_\_\_

POLICY PERIOD: From: \_\_\_\_\_ \_\_ \_\_ , 2 0 \_\_ \_\_ Continuous until cancelled

COUNTERSIGNED AT: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_ \_\_ \_\_ , 2 0 \_\_ \_\_

CONTRACTUAL LIABILITY POLICY

(MODEL)

A. **INSURING AGREEMENT**

\_\_\_\_\_ (herein called the "Company", "us" or "we") agrees to pay \_\_\_\_\_ (herein called "you") for all costs incurred in fulfilling your obligations under each service agreement issued during the Policy Term according to terms and conditions of such Service Agreements. In the event such costs are incurred by another party's performance of repair or replacement services as a result of such obligations, payment may be made directly to such other party on your behalf.

In the event you become bankrupt, impaired or insolvent (as defined in Section 631.011, Florida Statutes), dissolved, or if you go out of business, or fail to pay documented claims we will pay losses and unearned premium refunds, if any, directly to the person making a claim under the Service Agreement or canceling the Service Agreement.

**This policy insures:**

- (1) **100% of your claim exposure from Contractual Obligations.**
- (2) **For Home Warranty Associations, all Service Agreements issued by you while this policy is in effect.**
- (3) **For Service Warranty Associations and Motor Vehicle Service Agreement Companies, all Service Agreements issued by you while this policy is in effect, whether or not the premium has been remitted to us.**

B. **DEFINITIONS**

- (1) **CONTRACTUAL OBLIGATION** means your obligation to properly repair or replace covered parts or to pay for the cost of proper repair or replacement of covered parts.
- (2) **INSURED** means the person or organization named in the Declaration, also referred to as "You".
- (3) **SERVICE AGREEMENT** means a motor vehicle service agreement, a home warranty, or a service warranty (as defined in Chapter 634, Florida Statutes).
- (4) **SERVICE AGREEMENT HOLDER** means the original purchaser of a Service Agreement or someone to whom the Service Agreement has been transferred under the terms of the Service Agreement.

## CONTRACTUAL LIABILITY POLICY

### (MODEL)

- (5) **SERVICE AGREEMENT HOLDER CLAIM** means a claim by a Service Agreement Holder or a claim on the behalf of a Service Agreement Holder which forms a Contractual Obligation.
- (6) **LOSS** means expense actually incurred by you or on your behalf in the performance of a Contractual Obligation.
- (7) **REPAIR FACILITY** means a person or organization authorized by you or on your behalf to perform service under a Service Agreement.
- (8) **INSURED CLAIM** means your claim for benefits under this policy based on a Contractual Obligation.
- (9) **PREMIUM** means the amount paid by the Service Agreement Holder.
- (10) **CONTRACTUAL LIABILITY PREMIUM** (herein called "CLP premium") means the amount paid by you for this policy.

#### C. **EXCLUSIONS**

The policy does not apply to:

- (1) liability for any consequential damages, including but not limited to, punitive or extra-contractual damages, arising from your actions, or any Repair Facility under a Service Agreement;
- (2) any and all obligations and liabilities arising out of your actions or anyone else's actions under a Service Agreement;
- (3) any and all obligations and liabilities extending to anyone other than the Service Agreement Holder;
- (4) any duty to defend you in any law suit or other judicial or administrative proceeding;
- (5) labor performed by you or on your behalf arising out of work or any portion thereof, or out of material, parts or equipment, as a result of recall by the manufacturer.

#### D. **CONDITIONS**

- (1) **SALE OF SERVICE AGREEMENT:** You must report the sale of a Service Agreement within 30 days of its issue date on the forms provided by us and send us or our authorized agent the proper CLP premium. All CLP premiums will be computed in accordance with

## CONTRACTUAL LIABILITY POLICY

### (MODEL)

the rules, rates, rating plans, premiums, and minimum premiums which apply to the insurance afforded by this policy.

- (2) **CLP PREMIUMS:** The rate schedule identifies the CLP premium charged per Service Agreement for coverage related to this policy. These rates shall remain in effect until we change them and until they have been approved by the Florida Office of Insurance Regulation. You will be given 30 days written notice prior to any change.
- (3) **NOTICE OF INSURED CLAIM:** You should provide us full details of a claim prior to starting any work specified with a Contractual Obligation in excess of \$\_\_\_\_.00 by the Service Agreement giving full details of the claim.
- (4) **PROOF OF LOSS:** Written proof of loss must be given within 30 days after a loss occurs, giving full details on the nature and extent of the loss. Proof of loss shall be given on forms furnished by us unless we fail to furnish such forms within 15 days after we receive a notice of claim.
- (5) **INSPECTION AND AUDIT:** At any reasonable time, we have the right to inspect your operations, books and records as they pertain to coverage under this policy. This right exists so long as Service Agreements are outstanding. Neither the right to inspect nor the conduct of an inspection will serve as a warranty that such operations are in compliance with any law.
- (6) **CHAPTER 634, FLORIDA STATUTES APPLICABILITY:** In the event you are no longer able to fulfill your obligations and we are acting in your stead, we shall be subject to the provisions of Chapter 634, Florida Statutes.
- (7) We shall assume full responsibility for the administration of claims in the event of your inability to do so.

#### E. **GENERAL PROVISIONS**

- (1) **REPRESENTATIONS:** By accepting this policy, you agree that the statements in the Declarations are your representations and warranties and that this policy is issued based on those representations. Should you misrepresent these declarations, the company may cancel this contract in accordance with the Cancellation Endorsement. Service Agreements issued during the term of this policy shall continue to be insured. This policy is the entire contract between you and the company.

CONTRACTUAL LIABILITY POLICY

(MODEL)

- (2) **SUBROGATION:** If any payment under this policy is made by us, we reserve all rights of recovery against any person or organization in connection with such claim. You will execute and deliver all papers necessary to secure such rights. You may do nothing to prejudice such rights.
- (3) **ASSIGNMENT:** Assignment of interest or liability under this policy shall not be binding on us unless the policy has been countersigned by our authorized agent and approved by the Florida Office of Insurance Regulation.
- (4) **CHANGES IN THE POLICY:** No change in the policy will be effective until approved by our authorized representative and the Florida Office of Insurance Regulation. The approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.
- (5) **RECOVERIES:** All amounts recovered by you for which you received benefits under this policy belong to us and shall be paid to us.
- (6) **RENEWAL:** This policy is issued as stated in the Declaration and is continuous until cancelled in accordance with the Cancellation Endorsement.

**IN WITNESS WHEREOF,** the company has caused this policy to be signed by its Secretary and President and countersigned by its duly authorized representative.

---

(PRESIDENT)

---

(SECRETARY)

CONTRACTUAL LIABILITY POLICY

(MODEL)

**MOTOR VEHICLE SERVICE AGREEMENT ENDORSEMENT**

- (1) **CANCELLATION, TERMINATION, OR NON-RENEWAL:** You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 90 days after written notice of such cancellation, termination, or non-renewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate, or not renew this policy by written notice, mailed via certified mail, to you and the Florida Office of Insurance Regulation at least 90 days prior to such cancellation, termination, or non-renewal.
- (2) **UNEARNED PREMIUM REFUND:** The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.121(5), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.

CONTRACTUAL LIABILITY POLICY

(M O D E L)

**HOME WARRANTY ENDORSEMENTS**

- (1) **CANCELLATION, TERMINATION, OR NON-RENEWAL:** You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 60 days after written notice of such cancellation, termination, or non-renewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate or not renew this policy by written notice, mailed via certified mail, to you and the Florida Office of Insurance Regulation at least 60 days prior to such cancellation, termination, or non-renewal.

CONTRACTUAL LIABILITY POLICY

(M O D E L)

**SERVICE WARRANTY ENDORSEMENT**

- (1) **CANCELLATION, TERMINATION, OR NON-RENEWAL:** You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 60 days after written notice of such cancellation, termination, or non-renewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate or not renew this policy by written notice, mailed via certified mail, to you and the Florida Office of Insurance Regulation at least 60 days prior to such cancellation, termination, or non-renewal.
- (2) **UNEARNED PREMIUM REFUND:** In the event the issuer of the Contractual Liability Policy is fulfilling the service warranty covered by the policy and in the event the service warranty holder cancels the service warranty, it is the responsibility of the Contractual Liability Policy issuer to effectuate a full refund of the unearned premium to the consumer. The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.414(3), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.



**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

---

**LIST OF PROPOSED SALES REPRESENTATIVES**

**COMPANY  
NAME:** \_\_\_\_\_

**NAME:**

**ADDRESS:**

**SSN:**



**OFFICE OF INSURANCE REGULATION**

---

*Company Admissions*

**MANAGEMENT INFORMATION FORM  
COMPLETE LIST OF OFFICERS,  
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**COMPANY  
NAME:** \_\_\_\_\_

**OFFICERS:**

**TITLES:**

**OWNERSHIP PERCENTAGE:**

**DIRECTORS:**

**SHAREHOLDERS:**



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

**(Print or Type)**

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). \_\_\_\_\_
2. a. Are you a citizen of the United States?  
b. Are you a citizen of any other country, if so, what country? \_\_\_\_\_
3. Affiant's Occupation or Profession. \_\_\_\_\_
4. Affiant's business address. \_\_\_\_\_  
Business telephone. \_\_\_\_\_
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
----------------------------	--------------------	-------------------------------	------------------------

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
--------------------------	----------------------------	--------------------	-------------------------------	------------------------

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
-----------------------------	--------------------	-------------------------------	--------------------------------------

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

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

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

7. Present or proposed position with the applicant entity. \_\_\_\_\_

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Supervisor / Contact \_\_\_\_\_

Beginning/Ending Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

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

Supervisor / Contact \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond? \_\_\_\_\_ If any claims were made on the bond, give details. \_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

Organization /Issuer of License \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_

Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? \_\_\_\_\_

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? \_\_\_\_\_

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? \_\_\_\_\_

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? \_\_\_\_\_
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
\_\_\_\_\_
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? \_\_\_\_\_
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? \_\_\_\_\_
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? \_\_\_\_\_
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? \_\_\_\_\_
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  
\_\_\_\_\_

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_  
\_\_\_\_\_

- 12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

\_\_\_\_\_

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

\_\_\_\_\_  
\_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details.

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

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

14. Have you ever been adjudged a bankrupt? \_\_\_\_\_ If yes, provide details \_\_\_\_\_

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? \_\_\_\_\_

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? \_\_\_\_\_

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? \_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By

\_\_\_\_\_, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Affiant's Full Name (Initials Not Acceptable). \_\_\_\_\_
2. Have you ever used any other name including nickname, maiden name or aliases? \_\_\_\_ If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____
_____-_____-	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number \_\_\_\_\_
4. Government Identification Number if not a U.S. Citizen \_\_\_\_\_

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

5. Foreign Student ID# (if applicable) \_\_\_\_\_

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

7 Name of Affiant's Spouse (if applicable) \_\_\_\_\_

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

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

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS** (*All states except California, Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ **[insert company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact \_\_\_\_\_ **[insert company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ By \_\_\_\_\_, and

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

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

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)**

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ **[insert company name]** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[insert company's designated person, position, or department, address and phone]**.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By \_\_\_\_\_, and

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Name (Company) \_\_\_\_\_

NAIC No. \_\_\_\_\_

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

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)**

This Disclosure and Authorization is provided to you in connection with a pending application of \_\_\_\_\_ **[insert company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through \_\_\_\_\_ **[insert name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[insert company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By \_\_\_\_\_, and

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires