

DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
TALLAHASSEE, FLORIDA 32399-0300

APPLICATION FOR ADDING A NEW LINE OF BUSINESS

_____, 20_____

TO THE DIRECTOR OF OFFICE OF INSURANCE REGULATION
TALLAHASSEE, FLORIDA

SIR: The _____
(Give name of company in full)

Federal Identification Number _____

of _____
(Home Office Address) (City) (State) (Zip)

Through its duly authorized officers, hereby applies for approval to transact the additional lines of insurance in the State of Florida, under the laws thereof. A list of the code numbers for each line of business is included with this application.

Lines of Business

Code Number

By: _____
President or Chief Executive Officer

Attest _____
Secretary