



OFFICE OF INSURANCE REGULATION

Company Admissions

APPLICATION FOR CERTIFICATE OF AUTHORITY CONTINUING CARE RETIREMENT COMMUNITY

This package is designed to assist individuals in preparing the Application for Certificate of Authority. It may be used by a legal entity wishing to engage in the business of providing continuing care or issuing continuing care agreements or construct a facility for the purpose of providing continuing care. Each applicant for a Certificate of Authority (COA) must have previously obtained a Provisional Certificate of Authority (PCOA) except when the COA is obtained through an approved acquisition, merger or consolidation under Section 628.4615, Florida Statutes (FS). This application includes five (5) categories of information:

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

Please submit the application in a binder that has been two-hole punched at the top. Place the tabs at the bottom of the documents, e.g. Tab labeled I-1 would contain copies of the invoice and COA filing fee payment check sent to Financial Services.

Submit the completed application 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.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
CONTINUING CARE RETIREMENT COMMUNITY**

**INSTRUCTIONS
SECTION I - APPLICATION FORM AND RELATED FEES**

Section I-1 Application Fees

Applicants must pay an application filing fee of \$75. The fee is due at the time the application is filed. Secure the check to the invoice (included in this package) and send to:

Florida Department of Financial Services
Bureau of Financial Services
PO Box 6100
Tallahassee, Florida 32314-6100

Place a photocopy of the invoice and check in this section.

Section I-2 Fingerprint Processing Fees

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 Certificate of Authority

Submit this original Application for Certificate of Authority, attested (original signatures) by the President, Partners, Managing General Partner, Association Members or Trustee, etc. and, if applicable, the secretary of the company under corporate seal and notarized. Upon approval, the Office of Insurance Regulation (the Office) will issue a COA to you.

APPLICATION FOR CERTIFICATE OF AUTHORITY CONTINUING CARE RETIREMENT COMMUNITY

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 **Articles of Incorporation**

If changes or amendments to the original articles of incorporation have occurred since the documents that were filed for your PCOA, provide the revised articles of incorporation with an original certification by the public official with whom the originals are on file in the state of domicile.

Section II-3 **Company Bylaws**

If changes or amendments to the original bylaws have occurred since the documents that were filed for your PCOA, provide certified bylaws as revised, if applicable, signed and dated by the secretary of the company under corporate seal. Provide copies of the Board minutes when approval of the amendment was given.

Section II-4 **Certificate of Status from Florida Secretary of State**

Provide an original Certificate of Status issued by the Florida Secretary of State, if applicable, demonstrating that the company remains in good standing.

Section II-5 **Fictitious Name Filing**

If a change or amendment to the fictitious name has occurred since the documents that were filed for your PCOA, provide documentation of your compliance with Section 865.09, FS, dealing with fictitious names. Please provide the original.

Section II-6 **Partnership Agreements**

If changes or amendments to the partnership agreement have occurred since the documents that were filed for your PCOA, provide a certified partnership agreement as revised, if applicable, signed and dated by the managing general partner. General partners or managing general partners who submitted organizational documents must submit any changes or amendments similarly. Please provide an original.

Section II-7 Parent Companies and Controlling Partners

If changes or amendments to the organizational documents have occurred since the documents that were filed for your PCOA, provide complete organizational documents required in Sections II-3 through II-7, for all entities controlling the applicant upward to the ultimate controlling entity of each.

Section II-8 Association Membership, or Trust Agreements

If changes or amendments to the original documents have occurred since those that were filed for your PCOA, provide a certified original association membership agreement, trust agreement, or other legal entity, signed and dated by the appropriate representative.

APPLICATION FOR CERTIFICATE OF AUTHORITY CONTINUING CARE RETIREMENT COMMUNITY

SECTION III - FINANCIAL

Section III-1 Plan of Operations

Submit a general summary of the plan of operations from receipt of the COA through stable occupancy of facility. Review the general information attached as exhibit III-1.

Section III-2 Organizational Chart

Provide an schematic external organizational chart disclosing the applicant's relationship with any other entities, including the ultimate controlling company or controlling person. Label all appropriate ownership percentages.

Section III-3 Feasibility Study

Attach a copy of the market and financial feasibility study prepared according to the standards and including the independent evaluation and opinion required in Section 651.023(1)(b), FS.

Section III-4 Project Financing

Submit proof that commitments have been secured for both construction financing and long-term financing or a documented plan acceptable to the Office has been adopted by the applicant for long-term financing and attach an amortization schedule which evidences the terms of the financing and the repayment schedule. Submit proof all lender's conditions are satisfied to activate the commitment to disburse funds other than approval of this application, completion of construction or purchase of realty or building closing. 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 a "Sources and Uses of Funds Statement" which discloses all sources and all uses of funds to be used to develop the project. The statement should reflect that the aggregate amount of entrance fees received by or pledged to the applicant, plus anticipated proceeds from any long-term financing commitment, plus funds from all other sources in the actual possession of the applicant, equal to not less than 100 percent of the aggregate cost of constructing or purchasing, equipping, and furnishing the facility plus 100 percent of the anticipated startup losses of the facility. Submit copies of all proposed, drafted or executed financial agreements. Upon final execution, copies of any such documents must be sent to the Office within 30 days.

Section III-5 Advertising

Submit a copy of any advertisement or other written, visual or electronic material proposed to be used or in use in the solicitation of residents that has not already been submitted and approved by the Office.

Section III-6 Contracts, Leases, Agreements

Submit a copy of any material contract not submitted to date entered into or to be entered into by the applicant. For example, a management agreement, lease, development agreement, etc. Identify and explain any new arrangements or material amendments since receipt of your PCOA for furnishing the following goods and services. Explain the relationship, if any, to the applicant. If the party furnishing such services is other than the applicant, attach a copy of the contract or agreement, or other documents which evidences the arrangement. State whether or not the contract or arrangement is the result of "arms length" negotiations, a bid, or, if otherwise explain: a. Shelter; b. Food; c. Health Care; d. Management; e. Construction; f. Construction financing; g. Permanent financing; h. Land; and i. Marketing.

Section III-7 Financial Statements

Attach complete audited financial statements for the applicant, prepared by an independent certified public accountant in accordance with generally accepted accounting principles, as of the date the applicant commenced business operations or for the fiscal year that ended immediately preceding the date of application, whichever is later. Submit copies of the most recent audited financial statements for any controlling parent company. Also include the applicant's and any such controlling parent company's unaudited financial statements for the most recent quarter ended subsequent to the date of the last audit and attested to by the Chief Financial Officer. (The Office shall request such other reasonable data and financial information to assist in determining the financial viability of the applicant and the management capabilities of its managers and owners based on its review of the contents of this application response pursuant to Chapter 651. FS.)

Section III-8 50 Percent Of Units Reserved

Submit proof that 50 percent of the units for which the provider is charging an entrance fee are reserved. You may submit this COA application upon being able to prove that at least 30 percent or more of the units to be constructed are reserved. However, under no circumstances will a COA be issued until all requirements of this Chapter have been met and proof that 50 percent of the units to be constructed are reserved. (Proof shall consist of an executed reservation agreement which conforms with Section 651.023(2)(b), FS, and a copy of the written receipt issued by the provider to the resident which meets the requirements of Section 651.033(3)(b), FS.)

**APPLICATION FOR CERTIFICATE OF AUTHORITY
CONTINUING CARE RETIREMENT COMMUNITY**

SECTION IV - MANAGEMENT

ANY INDIVIDUALS NOT INCLUDED IN THE PROVISIONAL CERTIFICATE OF AUTHORITY APPLICATION MUST PROVIDE ALL OF THE INFORMATION REQUIRED. ALL NAMES BELOW MUST INCLUDE FIRST, MIDDLE AND LAST NAME (NO ABBREVIATIONS).

Section IV-1 Management Information

Provide the full name of all company incorporators, officers, directors, shareholders (owning 10% or more of the outstanding stock of the company), partners, proprietor, management company principals, association members and/or trustees with their respective titles and ownership percentages. Please use the attached Management Information Form. If any shareholder with 10% or more of the stock is not an individual, then the same information should be provided for all principals up through the ultimate controlling person.

Section IV-2 Biographical Affidavits as to All Company Incorporators, Officers, Directors, Shareholders, Partners, Proprietor, Management Company Principals, Association Members and Trustees

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), FS, social security numbers collected by an agency are confidential and exempt from section 119.07(1), FS, and Section 24(a), Art. 1 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), FS, 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 Background Investigative Report

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.

**APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY
CONTINUING CARE RETIREMENT COMMUNITY**

SECTION V - FORMS

Section V-1 Escrow Agreements

Submit a list of all previously executed escrow agreements such as the entrance fee escrow agreement, the seven-day escrow agreement and minimum liquid reserve escrow agreements. Include the account numbers established pursuant to those agreements and document the balances, if any, in each account. Submit drafts of any escrow agreements needed or required at this time but as yet not executed. Escrow agreements must comply with appropriate Sections 651.023, 651.033, 651.035, FS, and Rule 69O-193.023, Florida Administrative Code (FAC).

Section V-2 Reservation and Residency Contracts

Submit a copy of the Continuing Care residency contract and reservation contract, to be entered into between the provider and the resident for Office review and approval. Document any previously approved contracts. The agreements must meet the minimum requirements of Sections 651.055, 651.061, 651.022(2)(d), FS, and Rule 69O-193.020, FAC.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
CONTINUING CARE RETIREMENT COMMUNITY**

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

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Application fees paid.....	[]
(a) Copy of invoice included.....	[]
(b) Copy of check.....	[]
2. Fingerprint fees paid electronically	[]
(a) Copy of on-line payment confirmation.....	[]
Or, if applicable	
(b) Copy of Form OIR-C1-903 (Invoice) included.....	[]
(c) Copy of check included.....	[]
(d) Originals mailed to Bureau of Financial Services.....	[]
3. Completed Application for Certificate of Authority	[]
(a) Attested under corporate seal of company and notarized	[]
(b) Signed by (original signatures)	[]
(1) President or chief executive officer.....	[]
(2) Secretary	[]
(3) Partners	[]
(4) General Partners	[]
(5) Managing General Partner	[]
(6) Association Members	[]
(7) Trustee	[]
(8) Proprietor or Other (Explain)	[]

**APPLICATION FOR CERTIFICATE OF AUTHORITY
CONTINUING CARE RETIREMENT COMMUNITY**

SECTION II - LEGAL

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Authorization letter.....	[]
2. Articles of Incorporation if changed	[]
(a) Original	[]
(b) Original certification by the public official with whom the originals are on file in the state of domicile (if foreign)	[]
(c) Board minutes recording approval of amendments	[]
3. Company bylaws if changed	[]
(a) Original	[]
(b) Under corporate seal of company	[]
(c) Board minutes recording approval of amendments	[]
(c) Signed and dated by secretary	[]
4. Original certificate of status issued by the Florida Secretary of State evidencing registration as a foreign or domestic corporation	[]
(a) Original	[]
5. Fictitious Name Certificate if changed	[]
(a) Original	[]
6. Partnership agreements if changed	[]
(a) Original	[]
(b) Certified and signed by general partners, managing general partner.....	[]

- 7. Parent companies and controlling partners if changed []
 - (a) Appropriated organizational documents (See Sections II-3 through II-7)..... []
 - (b) Originals []
- 8. Association membership or trust agreements if changed []
 - (a) Association agreement original []
 - (b) Trust agreement original []
 - (c) Amendments to agreements []

**APPLICATION FOR CERTIFICATE OF AUTHORITY
CONTINUING CARE RETIREMENT COMMUNITY**

SECTION III – FINANCIAL

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Plan of Operations	[]
2. Organizational chart	[]
3. Feasibility Study	[]
(a) Statutorily required opinion	[]
4. Project financing	[]
(a) Proof of financing commitments	[]
(1) Construction financing	[]
(2) Long-term financing	[]
(b) Amortization schedule	[]
(c) Proof of commitment for disbursement of funds	[]
(d) Bond Issue	[]
(1) Official statement	[]
(2) Indenture	[]
(3) Sample bond	[]
(e) Sources and Uses Statement	[]
(f) All proposed, drafted and executed financing agreements	[]
5. All unsubmitted or proposed advertising	[]
6. Contracts, leases, agreements	[]
(a) Copies of previously unfurnished contracts (designating bid or non-bid).....	[]
(b) Amendments to previously submitted agreements	[]
(c) Explanation of any affiliated or close handed agreements	[]

- 7. Financial Statements []
 - (a) Commencement of operations audited financial statements []
 - (b) Most recent audited financial statements []
 - (1) Licensee []
 - (2) Parent or controlling entity (ies) []
 - (c) Most recent unaudited quarterly financial statements []
 - (1) Licensee []
 - (2) Parent or controlling entity (ies) []
 - (d) Attestation of Chief Financial Officer to 7. (c), above []
- 8. Proof of 50% Reservations []
 - (a) Application submitted with:
 - (1) 30 % or more reserved but less than 50% []
 - (2) 50% or more reserved []
 - (b) Reservation agreement copy []
 - (c) Receipt copy []

**APPLICATION FOR CERTIFICATE OF AUTHORITY
CONTINUING CARE RETIREMENT COMMUNITY**

SECTION IV – MANAGEMENT

Company Name: _____

Completion

Item #

Check List

1. Listing of all proposed company incorporators, officers, directors, mgt. co. principals, shareholders, partners, association members and trustee (official form)..... []

2. Biographical Statement and Affidavits by incorporators, officers, directors, mgt. company principals, shareholders, partners, association members and trustee (official form)... []

As to each biographical:

(a) All information completed..... []

(b) Contains original signature..... []

(c) Notarized (original)..... []

(d) Original []

(e) Provide Social Security Number on separate page..... []

3. Investigative Background Report for each individual listed in Section IV-1 []

4. Two fingerprint cards enclosed for each person listed in Section IV-1..... []

As to each fingerprint card:

(a) Contains original signature of each respective officer..... []

(b) Card obtained from Office of Insurance Regulation..... []

(c) All information completed (DOB, citizenship, vital statistics)..... []

**APPLICATION FOR CERTIFICATE OF AUTHORITY
CONTINUING CARE RETIREMENT COMMUNITY**

SECTION V - FORMS

- 1. Escrow agreements..... []
 - (a) Entrance fee escrow agreement..... []
 - (b) Seven-day escrow agreement..... []
 - (c) Minimum liquid reserve escrow agreements..... []
 - (1) Debt service reserve..... []
 - (2) Operating reserve..... []
 - (3) Renewal and replacement reserve..... []
 - (d) List of account numbers..... []
 - (e) Account statement (balance confirmation)..... []
- 2. Reservation and residency contract..... []
 - (a) Reservation contract..... []
 - (b) Residency contract..... []
 - (c) Documentation of Office prior approval of agreements in use..... []

THE COMPLETED CHECKLIST MUST BE RETURNED WITH THE APPLICATION PACKAGE.

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

_____,
(Entity Name)

that he/she has read said 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

INVOICE

**CONTINUING CARE RETIREMENT COMMUNITY
APPLICATION FOR CERTIFICATE OF AUTHORITY**

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: (____) _____ - _____

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

_____ (CITY) (STATE) (ZIP CODE)

Type of Entity: Stock corporation, non-profit corporation, general partnership, limited partnership, proprietorship, association, or trust.

1. Make check payable to the Office Of Insurance Regulation and mail check and invoice only to the Office Of Insurance Regulation, Bureau of Financial Services, Post Office Box 6100, Tallahassee, Florida 32314-6100.
2. Include a copy of the check and the invoice in Section I-1 of your application. The completed application package should be submitted to the Office Of Insurance Regulation, Applications Coordination Section, 200 E. Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

	B/T	TY/CL	F/T	AMOUNT
Filing Fee	C	12/21	F	<u>\$75.00</u>
			Total	\$75.00

FACILITY FILE NUMBER ASSIGNED: _____ .

**APPLICATION FOR CERTIFICATE OF AUTHORITY
TO PROVIDE CONTINUING CARE IN THE STATE OF FLORIDA**
_____, 20____
**TO THE DIRECTOR OF INSURANCE REGULATION OF THE STATE OF FLORIDA,
TALLAHASSEE, FLORIDA**

SIR:

The _____
(Give name of company, partnership, proprietorship, trust or association in full)

Type of Entity: Stock corporation, non-profit corporation, general partnership, limited partnership, proprietorship, association, or trust. _____

Federal Employer's Identification Number _____

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

Phone Number: () _____ - _____ Fax: () _____ - _____

E-Mail Address: _____

through its duly authorized officers, hereby applies for license authorizing and empowering the Company, Partnership, Trust, or Association aforesaid to transact continuing care in the state of Florida, under the laws thereof.

ATTESTATION

I do solemnly attest that I am familiar with Chapter 651, Florida Statutes, relating to Continuing Care Contracts, and that all the responses, information, exhibits and documentary evidence submitted are true and correct to the best of my knowledge, information and belief.

By: _____
President, Managing General Partner, Partner, Trustee, etc.

(Corporate Seal, if applicable)

Attest: _____
Secretary

State of _____

County of _____

Sworn to and subscribed before me this
_____ day of _____, _____

(Notary Seal)

Notary Public

**CONTINUING CARE RETIREMENT COMMUNITY
APPLICATION FOR CERTIFICATE OF AUTHORITY**

**EXHIBIT III-1
GENERAL INSTRUCTIONS**

I. GOVERNING LAW AND RULES: Continuing Care Providers are regulated pursuant to Chapter 651, FS, Rule 69O-193 of the FAC, and various provisions of the Florida Insurance Code which are incorporated by reference in Chapter 651, FS.

II. FORMS: A. All forms required to be submitted to the Office are contained in Office Rule 69O-193.065, FAC. No other forms will be accepted by the Office. B. When completing any Office form, if the space provided is insufficient for a full and complete response and additional space is necessary, attach a separate sheet, or provide the necessary documentation, cross-referenced to the specific item or question asked.

III. APPLICATIONS: A. You were assigned a facility file number when your application for a PCOA was approved. This file number remains with you as long as you are an applicant or a Certificate holder. All correspondence with the Office must reference this facility file number. B. Providers with more than one facility in this state must reference the individual facility file number assigned to a specific facility when corresponding with the Office about that facility.

IV. CERTIFICATIONS OR ATTESTATIONS: When certifications or attestations are referenced in the applications, they generally will have the following meanings: A. In connection with organizational documents, certification must be from the Florida Secretary of State or the equivalent public official from the State of Domicile, if different than Florida. Where corporate bylaws etc. are required, certification by the Corporate Secretary or equivalent, as to the truth and authenticity of the document is generally sufficient. B. Where audited financial statements or independent feasibility studies are required, the signed opinion of the preparer is generally sufficient. C. All other documents must be attested to by persons authorized by the charter or agreement of the applicant to make such affirmations. D. Where signatures are required, only an original manual signature is acceptable. Facsimiles are not acceptable and applications or reports so signed will be returned to you.

V. CONTRACTS, DOCUMENTS OR AGREEMENTS: A. All contracts, documents, or agreements, etc., required by Chapter 651, FS, or any rule promulgated pursuant thereto must be filed with (in duplicate with this application) and approved by the Office prior to its use in this state. Any document received must have on the first page a unique identifier or it will be returned as unacceptable for filing. For consistency, we recommend you utilize the following abbreviations as unique identifiers: RC - Residency Contract; RESV C - Reservation Contract; EA - Escrow Agreement; DSR - Debt Service Reserve; OR - Operating Reserve; RRR or R3 - Renewal and Replacement Reserve; Br Ad - Broadcast Advertisement; and Pr Ad - Printed Advertisement. An example is as follows: A residency contract for Woodland Hills Retirement Center - 88999, who holds a COA - 88999RC07/19/97. No. 88999 identifies the submitter as Woodland Hills Retirement Center. RC identifies the document as a residency contract, and 07/19/97 identifies the date the document was drafted and submitted for approval. Any document used in the normal course of business such as advertising, escrow agreements, reservation contracts, residency contracts, pamphlets, etc., must contain the unique identifier. B. Each material change, addendum, amendment or alteration of any service or information in a previously approved form constitutes a new form and must be filed with and approved by the Office prior to its use. New forms as outlined above and submitted for approval should be accompanied by a copy containing the changes, addendum, amendment or alteration underlined in red or "redlined."

VI. ADVERTISING: All prospective advertising was submitted and approved by the Office prior to issuance and while holding the PCOA unless instructed otherwise. After issuance of the COA, the advertising is not required to be submitted approval. The provider will remain responsible, however, for its advertising's contents and use pursuant to Section 651.095, FS, and Rules 69O-193.038, 69O-193.040 and 69O-193.043, FAC, and all rules promulgated thereunder and for maintaining its file. All advertising must be maintained on file for three years.

VII. FEASIBILITY STUDIES - PHASED DEVELOPMENTS: A. Each applicant for a PCOA must submitted a feasibility study that meets the requirements of Section 651.022(3), FS. Each applicant for COA must submit a feasibility study that meets the requirements of Section 651.023(1)(b), FS. B. If a phased development is employed in the construction of the facility, each phase must stand on its own merits. The feasibility study must clearly demonstrate that the phase for which you are seeking a PCOA or a COA, as well as the overall project, is feasible when completed. Any feasibility study failing to do so, will cause the application to be unacceptable.

VIII. REQUIRED REPORT FILING: A. Each "Provider" holding a PCOA must submit verification of compliance with their projections for unit sales per month within 25 days from each month's end. B. Each "Provider" holding a COA must submit the following documents and information on or before May 1 of each year or within 120 days of the end of the designated fiscal year and for the preceding year or portion thereof, regardless of whether the facility is operational or not: 1. A minimum liquid reserve calculation, form OIR-A3-477. 2. An annual report, form OIR-A3-470. The annual report must be completed and returned to this office together with a separately bound audited financial statements prepared in accordance with generally accepted accounting principles by an Independent Certified Public Accountant. 3. Where a "Provider" owns or operates more than one facility, a consolidated financial statement is acceptable for the entire corporate entity provided complete supplemental schedules are included for each licensed facility in this state. 4. If the "Provider" owns or operates more than one facility in this state and files consolidated audited financial statements for the entire corporate entity, they must also file a separate statement of operations for each facility as supplemental schedules to the audited financial statements. If the provider has operations that are not Florida certificated facilities, they must also file a separate balance sheets, statement of operations, changes in equity, and cash flows for each Florida facility as supplemental schedules to the audited financial statements. C. Unless otherwise specified by the Office, each certificate holder must submit periodic sales and financial reports, form OIR-A3-974, quarterly and within 45 days of the end of the designated period. D. All financial reports must be prepared on a calendar year basis except as otherwise provided in Section 651.026(5), FS. E. Each quarter, escrow statements from the escrow agent indicating the amount of any disbursements from or deposits to the various escrow accounts required by Chapter 651, FS, must be submitted to the Office pursuant to applicable statutes. Escrow statements that details how the funds in escrow have been invested must be confirmed by the provider that all funds investment in escrow meets the requirements of PART II of Chapter 625, FS.

IX. ACQUISITIONS AND MERGERS: PCOA and COA licenses are non-transferable. In the event of an acquisition, merger or change in control, the acquiring entity must file an application under Section 628.4615, FS. Contact the Applications Coordination Section for an application form.

- X. PROCESSING AND REVIEW: The Office adheres to the requirements of Chapter 651, FS, and all rules promulgated pursuant thereto. A. When fees are required in connection with an application, all checks should be made payable to: "Office of Insurance Regulation".
B. Questions or inquiries may be directed to:

Office Of Insurance Regulation
Bureau of Specialty Insurers
200 East Gaines Street, Larson Building
Tallahassee, Florida 32399-0331
(850) 413-3144

Applications will normally be processed within thirty (30) days from the date of receipt by the Applications Coordination Section.

**APPLICATION FOR CERTIFICATE OF AUTHORITY TO PROVIDE
CONTINUING CARE IN THE STATE OF FLORIDA**

**EXHIBIT III-3
INTERROGATORIES**

1. The applicant is: _____
(Name)

(Address)

(City, State, Zip Code)

Phone Number: () _____ Fax Number: () _____

E-Mail Address: _____

(Federal Employers Identification Number)

2. The contact person for the applicant is:

(Name)

(Address)

(City, State, Zip Code)

Phone Number: () _____ Fax Number: () _____

E-Mail Address: _____

Please indicate whether or not you wish to have clarifications and communications regarding this application sent to you by internet and if so, what email address they should be sent to:

Yes No _____
(Email Address)

3. The facility file number is: _____

4. A. The facility is located or will be located in _____
(City and County)

B. and will be known as _____

5. The facility obtained its PCOA on: _____, 20_____.
6. Has any of the following information required by Section 651.022(2), FS, changed since obtaining a PCOA? If "yes", explain, document, and state whether or not in management's opinion the change is material:
- (a) The organizational structure of the provider. (See Section I-3) _____ yes; _____ no
- (b) The names, residence and business addresses of:
- (1) The proprietor, if the applicant or provider is an individual. _____ yes; _____ no
- (2) Any partner if the applicant is a partnership having fewer than 50 partners together with the business name and address of the partnership. _____ yes; _____ no
- (3) The principal partners if the applicant is a partnership having 50 or more partners together with the business name and business address of the partnership. _____ yes; _____ no
- (4) The corporation and each officer and director thereof, if the applicant or provider is a corporation. _____ yes; _____ no
- (5) Any trustee and officer, if the applicant or provider is a trust. _____ yes; _____ no
- (6) The manager, whether an individual, corporation, or partnership, (including the Administrator). _____ yes; _____ no
- (7) Any shareholder holding at least a 10-percent interest in the operations of the facility in which the care is to be offered or of any entity controlling the applicant. _____ yes; _____ no
- (8) Any person whose name is required to be provided in the application and who owns any interest in or receives any remuneration from, either directly or indirectly, any professional service firm, association, trust, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of \$500 or more, and the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held. (If "yes", describe such goods, leases, or services, the probable cost to the facility or provider and describe why such goods, leases, or services should not be purchased from an independent entity.) _____ yes; _____ no
- (9) Any person, corporation, partnership, association, or trust owning land or property leased to the facility. _____ yes; _____ no
- (10) Any affiliated parent or subsidiary corporation or partnership. _____ yes; _____ no
7. Submit complete biographical information on the Office's form (included in this package) for any new person named in 4.(b) above, who did not previously submitted biographical information for the issuance of the PCOA. See Sections IV-2 through IV-5, explaining each biographical form required to be completed. See Section I-2 for fingerprint instructions.

8. Provide the name, address, telephone number, experience and credentials of the independent consultant or consultants who prepared the independent feasibility study and offered the required opinion on the independent feasibility study or on any part of the independent feasibility study:

9. Furnish the page number from the independent feasibility study where the following information can be found regarding the proposed facility:

- a. A description. pg _____
- b. The location. pg _____
- c. The size. pg _____
- d. The anticipated completion date. pg _____
- e. The proposed construction program. pg _____
- f. The primary market area. pg _____
- g. The secondary market area. pg _____
- h. Unit sales per month. pg _____
- i. Projected revenue & expense statements. pg _____
- j. Marketing expenses. pg _____
- k. Staffing requirements. pg _____
- l. Cost of property, plant & equipment. pg _____
- m. Projected balance sheet. pg _____
- n. Projected cash flow statements. pg _____
- o. Inflation factors. pg _____
- p. Estimate of funds required to cover start-up losses. pg _____
- q. Project costs. pg _____
- r. Marketing projections. pg _____
- s. Resident fees & charges. pg _____
- t. Competition. pg _____
- u. Contract provisions. pg _____

- v. Breakeven point. pg _____
- w. The opinion expressed on the overall study by the independent feasibility consultant. pg _____
- x. An individual actuary's opinion in the study. pg _____
- y. An individual CPA's opinion in the study. pg _____
- z. The assumptions used in the study, if any. pg _____
- aa. The marketing results to date. pg _____
- bb. Other factors which may affect the feasibility of operating the facility. pg _____

10. State whether or not there have been any material changes in the proposed health care delivery system since obtaining the PCOA. If "yes" explain and document. _____ yes; _____ no

**MANAGEMENT INFORMATION FORM
COMPLETE LISTING OF INCORPORATORS, OFFICERS,
DIRECTORS, SHAREHOLDERS (10% OR MORE), PARTNERS, PROPRIETOR,
MANAGEMENT COMPANY PRINCIPALS, ASSOCIATION MEMBERS, AND TRUSTEES**

For All Individuals Listed Please Provide The Following Information: Name / Company(ies) / Title(s) /
Residence / Bus. Address / and Ownership Percentage (if appropriate)

INCORPORATORS / OFFICERS / DIRECTORS / SHAREHOLDERS

PARTNERS / PROPRIETOR / MANAGEMENT COMPANY PRINCIPALS

ASSOCIATION MEMBERS / TRUSTEES

CERTIFICATION BY PREPARER

Signature, Position Of Preparer and Date (See Section IV-1 For Details)