

DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
TALLAHASSEE, FLORIDA 32399-0332

APPLICATION FOR DOMESTIC CERTIFICATE OF AUTHORITY TO CONDUCT BUSINESS
IN THE STATE OF FLORIDA

_____, 20____

TO THE FLORIDA OFFICE OF INSURANCE REGULATION,
TALLAHASSEE, FLORIDA

The _____
(Full name of company or association)

Type of Company: (for any type of property and casualty, title, life, and accident and health)

Federal Identification Number _____

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

Telephone Number: () _____ - _____

through its duly authorized officers, hereby applies for a license authorizing and empowering the
aforesaid Company or Association to transact the following kinds of insurance or branches of business
in the state of Florida, under the laws thereof, during the year ending May 31, 20____.

Lines of Business

Code Number

By _____
President or Chief Executive Officer

(Corporate Seal)

Attest _____
Secretary