



OFFICE OF INSURANCE REGULATION

Company Admissions

APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY

This package is designed to assist individuals in preparing the Application for Company License for a Premium Finance Company. The License authorizes the premium finance company to transact business in the State of Florida as a premium finance company only. The Premium Finance Company license application requires five (5) categories of information:

- Section I - Application Fee 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 COMPLETE CHECKLIST MUST BE RETURNED WITH THE APPLICATION PACKAGE!

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.

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

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

Section I-1 License Fee

A license fee of \$250 must accompany each application as required by Sections 627.828(4) and 627.849(1)(a), Florida Statutes.

Section I-2 Investigation Fee

An investigation fee of \$100 must accompany each application as required by Sections 627.828(4) and 627.849(1)(b), Florida Statutes.

Section I-3 Invoice for Fingerprint Processing 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-4 Application for License to Conduct Business as a Premium Finance Company in the State of Florida.

An original signature by the applicant's president must appear on this form under corporate seal. If the corporation does not have a seal, a letter signed by the corporate secretary must be provided stating that the corporation does not have a seal.

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS
SECTION II - LEGAL**

Section II-1 Articles of Incorporation

Provide the applicant's Articles Of Incorporation and all amendments if the applicant is a corporation. They must be recently certified by the official public records custodian in the applicant's state of domicile. The certification letter must be an original. If the applicant is not a corporation, include the articles of association, partnership agreement, trust agreement, or other similar documents, together with all amendments to such documents.

Section II-2 Certificate of Status from State of Domicile

Provide an original certificate of status from the applicants state of domicile. A certificate of status is a document issued by the applicant's state of domicile public records custodian for corporate records, generally the Secretary of State. The certificate documents that the applicant is duly organized and that all state taxes and fees have been paid. The certificate must show good standing, be sealed by the state, and be a recently prepared original document, not a photocopy.

Section II-3 Company Bylaws or Similar Documents

Provide a copy of the applicant's current bylaws, rules, regulations, or similar documents regulating the conduct of the applicant's internal affairs. Corporate bylaws must be sealed, signed, and dated by the secretary of the applicant company. No signatures other than the secretary's will be accepted. The secretary's statement must also be recently dated.

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

Provide a 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 their 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 premium finance application as proof of your filing with the Secretary of State as a foreign corporation.

Important Note: The Secretary of State will issue a charter to a premium finance company before the Office of Insurance Regulation completes its processing of an application for a license. This charter authorizes the company to engage in any type of business except insurance. Your company may not engage in the business of premium financing in Florida until it has been issued a license by the Director of Insurance Regulation.

Section II-5 Fictitious Name Filing

Provide documentation of your compliance with Section 865.09, Florida Statutes, dealing with fictitious names if the applicant plans to utilize a fictitious name. Contact the Florida Secretary of State at the following telephone number for assistance in complying with these requirements [850/ 488-9000].

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS
SECTION III - FINANCIAL**

Section III-1 Financial Requirements

All applicants are required to have a statutory net worth of \$35,000 attested to by two officers of the company or a surety bond in the amount of \$35,000 and a statutory net worth of \$10,000 attested to by two officers of the company.

As noted above, if the applicant elects to maintain a \$10,000 statutory net worth, a \$35,000 surety bond will be required to be submitted with the application. Accordingly, an Office approved blank copy of a surety bond form is enclosed. Have the Florida resident agent of the surety company complete the blanks on the form and return it with your application. **-OR-**

If the applicant elects a \$10,000 minimum statutory net worth, a deposit of \$35,000 can be arranged with the Bureau of Collateral Management. They may be contacted at (850) 413-3167.

All applicants are required to maintain and show proof of, at all times, an errors and omissions insurance policy of no less than \$500,000 covering the acts of its officers, employees and agents. The policy may contain reasonable deductibles not to exceed 2 percent of the policy limits. Please return proof of this coverage with your application.

Section III-2 Plan of Operations

Provide the following information so that the Office will have a clear understanding of the present and proposed operations of the applicant:

- (A) **Marketing and Growth.** Provide a statement setting forth a projection of the volume of business the applicant anticipates writing for the next three years. Include an initial marketing plan for the proposed premium finance company.
- (B) **Additional Sources of Capital.** Provide a statement as to what sources of capital would be available to the applicant during periods of negative cash flow and what arrangements may have been made for handling volume which may exceed the applicant's capacity. This pertains to any controls which the applicant may have in place to prevent acceptance of contracts in excess of the applicant's capacity to finance them, to obtain additional financing, or to notify the agent to use another premium finance company until further notice.

If your plan includes the use of personal resources of the owners of the applicant, a Personal Financial Statement form must be provided for each owner. (Official form enclosed).

If your plan includes use of the resources of affiliated or parent organization(s), audited financial statements of these organizations must be provided for the past three years. If no audit was performed, the financial statements must be prepared in accordance with generally accepted accounting principals and be attested to by the president and secretary of the organization (or persons holding similar positions, if not a corporation).

If the applicant intends to utilize a line of credit with a bank or other financial institution as a source of additional capitalization, a letter from the financial entity must be presented which verifies the existence or approval of the line of credit. Only a financial institution licensed as a premium finance company or exempt from the license requirement in accordance with Section 627.826, Florida Statutes, is eligible to accept premium finance contracts as collateral for loans.

- (C) **Assignments.** Provide a statement as to what arrangement may have been made for assigning contracts to another premium finance company, including complete details concerning the procedure to be followed in making assignments, to whom they will be made, on what terms, how and when the contracts are to be funded and by whom, and verify that the assignment will be with recourse against the assigning company.
- (D) **Types of Insurance Financed.** Provide a list of the types of insurance the applicant will finance (life insurance cannot be financed).
- (E) **Other Business Conducted.** If business other than financing premiums will be conducted on the licensed premises, provide a statement as to what other business will be conducted and by whom.
- (F) **Branches, Subsidiaries, and Affiliates.** If the applicant has one or more branches, subsidiaries, or affiliates, provide a listing of the complete names and addresses of such places of business, together with a statement as to precisely where the applicant will make available all relevant books, records, accounts and documents.

Section III-3 Managerial Experience

Provide a statement giving the length of time that the applicant has managed a business, including dates of operation, location, licenses required (if any), and the name and nature of the business. If the applicant has no prior premium finance experience, provide an explanation of the steps taken or experience possessed by the principals in other areas that will insure that the applicant has sufficient managerial experience to avoid becoming a hazard to the insurance-buying public.

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS
SECTION IV - MANAGEMENT**

Names requested in this section should include complete first, middle and last names.

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

- 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 Shareholder

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 section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. 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), 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 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 LICENSE
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS
SECTION V - FORMS AND RATES**

Section V-1 Forms

Provide 3 copies of each form to be used in connection with the financing of insurance premiums. Use of the first three forms named below are required of all premium finance companies. Use of other forms is optional; however, if other forms are to be used, they must be submitted for approval.

- A. Premium Finance Agreement
- B. Ten Day Notice of Intent to Cancel Form
- C. Standard Cancellation Notice Form - all copies must be printed on pink paper
- D. Other Forms

Section V-2 Service Charge and Interest Rate Plan

Provide three copies of the Service Charge and Interest Rate Plan proposed to be charged, including all modifications of service charges and interest rates to be paid by the insured or others under a Premium Finance Agreement.

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

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

Applicant Name: _____

<u>Item #</u>	<u>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. Applicant completed application for license (Official Form)	<input type="checkbox"/>
(a) All information provided	<input type="checkbox"/>
(b) Sealed by applicant or letter stating no corporate seal exists	<input type="checkbox"/>
(c) Signed by president and secretary	<input type="checkbox"/>

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**CHECK LIST
SECTION II - LEGAL DOCUMENTS**

Applicant Name: _____

<u>Item #</u>	<u>Check List</u>
1. Organizational Documents - Original and one copy provided	<input type="checkbox"/>
(a) Articles of Incorporation	<input type="checkbox"/>
(1) Original certification by state of domicile	<input type="checkbox"/>
(2) Articles with all amendments attached.....	<input type="checkbox"/>
(b) Articles of Association	<input type="checkbox"/>
(c) Partnership Agreement	<input type="checkbox"/>
(d) Trust Agreement	<input type="checkbox"/>
(e) Other	<input type="checkbox"/>
2. Certificate of Status from state of domicile (Original and one copy provided)...	<input type="checkbox"/>
(a) Good standing indicated	<input type="checkbox"/>
(b) Sealed by state	<input type="checkbox"/>
(c) Signed by proper public official	<input type="checkbox"/>
3. Company Bylaws (or similar documents) - Original and one copy provided	<input type="checkbox"/>
(a) Signed and dated by secretary (original)	<input type="checkbox"/>
(b) Corporate Seal (as applicable)	<input type="checkbox"/>
4. Certificate of Status from Florida Secretary of State (Foreign Corporations Only) Original and one copy provided	<input type="checkbox"/>
5. Fictitious Name Certificate (if applicable) - Original and one copy provided	<input type="checkbox"/>

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**CHECK LIST
SECTION III - FINANCIAL**

Applicant Name: _____

- | <u>Item #</u> | | <u>Check List</u> |
|---------------|--|--------------------------|
| 1. | Current Financial Statements | <input type="checkbox"/> |
| | (a) Not over twelve months old | <input type="checkbox"/> |
| | (b) Net worth of at least \$35,000 or \$10,000 (See 1.d. below) | <input type="checkbox"/> |
| | (c) Verified under oath by two corporate officers | <input type="checkbox"/> |
| | (d) \$35,000 Surety Bond if the \$10,000 minimum net worth election
is made -or- | <input type="checkbox"/> |
| | (e) \$35,000 deposit with Bureau of Collateral Management if \$10,000
minimum net
worth election is made | <input type="checkbox"/> |
| | (f) Proof of Errors and Omissions Insurance Coverage | <input type="checkbox"/> |
| 2. | Current Financial Statements of Parent and affiliates (if applicable) | <input type="checkbox"/> |
| | (a) Not over twelve months old | <input type="checkbox"/> |
| | (b) Must have a positive net worth | <input type="checkbox"/> |
| | (c) Verified under oath by two corporate officers..... | <input type="checkbox"/> |
| 3. | Plan of Operations | |

**NOTE IF THE INFORMATION BELOW IS NOT PROVIDED AS INDICATED,
THE APPLICATION MAY BE RETURNED**

- | | | |
|-----|---|--------------------------|
| (a) | 3 year projection of volume of business and initial marketing plan | <input type="checkbox"/> |
| (b) | Sources of additional capital | <input type="checkbox"/> |
| | If personal resources, personal financial statements are also
required (Official Form) | <input type="checkbox"/> |
| | If resources of parent organization, financial statements of
controlling entity for the past three (3) years | <input type="checkbox"/> |
| | If line of credit, verification | <input type="checkbox"/> |

- (c) Statement regarding assignments
- (d) A list of the types of insurance to be financed
- (e) A statement indicating other business to be conducted on
licensed premises
- (f) A list of the names and addresses of branches, subsidiaries,
or affiliates
- Location of books and records indicated
- 4. Statement of managerial experience
- (a) Include dates, location, nature and names of operations
- (b) If no premium finance experience, explanation of competency
of management in this field

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

**CHECK LIST
SECTION IV - MANAGEMENT**

Applicant Name: _____

- | <u>Item #</u> | <u>Check List</u> |
|----------------|---|
| 1. | Listing of 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 Statement and Affidavit 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 an 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 for each individual listed in Section IV-1

For each card:

(a) Card obtained from Office of Insurance Regulation

(b) Card contains original signature

(c) No erasures on or alteration of card

(d) All blanks completed

**APPLICATION FOR LICENSE
PREMIUM FINANCE COMPANY**

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

Applicant Name: _____

<u>Item #</u>	<u>Check List</u>
1. Forms	
a. Premium Finance Agreement form - 3 copies	<input type="checkbox"/>
b. Ten Day Notice of Intent to Cancel - 3 copies	<input type="checkbox"/>
c. Standard Cancellation Notice - 3 copies	<input type="checkbox"/>
All copies printed on pink paper	<input type="checkbox"/>
d. Other - 3 copies of each form - (If not listed, please list):	
Draft	<input type="checkbox"/>
Coupon	<input type="checkbox"/>
Additional Premium Request	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
2. Service Charge and Rate Plan - 3 copies	<input type="checkbox"/>

RETURN THE COMPLETED CHECK LIST 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 _____ 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

**APPLICATION FOR LICENSE TO CONDUCT BUSINESS
IN THE STATE OF FLORIDA
PREMIUM FINANCE COMPANY**

_____, 20____

TO THE DIRECTOR OF INSURANCE REGULATION,
TALLAHASSEE, FLORIDA

SIR: The _____
(Give name of company or association 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 or Association aforesaid to transact the business of premium financing in the State of Florida, under the laws thereof, during the year ending September 30, 20____, 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

Attest _____
Secretary

(Corporate Seal)

Name of Attorney or Principal filing this application:

_____ Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

INVOICE

**PREMIUM FINANCE COMPANY
REQUEST FOR PAYMENT OF APPLICATION FEES**

NAME OF COMPANY: _____

FEIN# _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

(CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____

In reference to the submission by the above-referenced insurer's application to do business in Florida, it is necessary for you to return this form with the proper payment.

PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and **mail the check and invoice only** to the Department of Financial Services, Bureau of Financial Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.

2. Send a **copy** of the check and a **copy** of the invoice along with the completed application package to the Office of Insurance Regulation Applications Coordination Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

<u>RECEIPT NUMBER</u>	AMOUNT	TYPE	CLASS	FUND	ACCT	SOURCE
	L.F \$250	12	10	3	00	2
	L.F.\$100	12	11	3	00	1