



OFFICE OF INSURANCE REGULATION
Company Admissions

**APPLICATION FOR LICENSE
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

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 this 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 CHECK LIST 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 company imprinted or typed thereon.

Mail the completed application package to:

Office of Insurance Regulation
Company Admissions
200 East Gaines Street, Larson Building
Tallahassee, FL 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
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

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

Section I-1 Application Fee

Applicants must pay an application filing fee of \$100. 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 (Motor Vehicle Service Agreement Company) (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.

**APPLICATION FOR LICENSE
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**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 certified by the state of domicile. The certification letter must be an original, recently 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.

**APPLICATION FOR LICENSE
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**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 50% reserve as outlined by Section 634.041 (8), Florida Statutes.

Section III-3 Deposit

To assure the faithful performance of its obligations to its contract holders in the event of insolvency, each motor vehicle service agreement company shall, before the issuance of its license, deposit and maintain securities of the type eligible for deposit in accordance with Section 625.52, Florida Statutes. Motor Vehicle Service Agreement Companies shall deposit \$200,000 in cash or securities in accordance with Section 634.052, Florida Statutes.

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

Florida Department of Financial Services
Bureau of Collateral Management
Capitol Building, Room P-3
Tallahassee, Florida 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. Include 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. 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.

- B. **Management.** Applicant is to provide its service agreement 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, commissions, projected growth pattern and other pertinent information effecting 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 service agreement business.

Section III-6 Alphabetical List of Proposed Sales Representatives (Official Form Enclosed)

The applicant should complete the attached form relating to proposed salesmen. 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 salesmen may be obtained from the Bureau of Licensing by calling (850) 413-3137.

**APPLICATION FOR LICENSE
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**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 shareholder 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 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 119.0721(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 any agency to collect 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 form to 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
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**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 forms, related forms and sales brochures. The service agreements and applications for service agreements should be serially pre-numbered and contain spaces for the selling price; the name of the issuing salesman; the date of issuance; the selling price paid by the consumer; the contract period (in time and mileage); 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 service agreements 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: salesmen, agents, insurers and licensed administrators. **In Florida, you may not use a third party administrator unless that administrator is licensed under Chapter 634, Part I, Florida Statutes.**

**APPLICATION FOR LICENSE
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

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

Company Name: _____

- | <u>Item #</u> | <u>Completion
Check List</u> |
|--|----------------------------------|
| 1. Specialty insurer application 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"/> |

**APPLICATION FOR LICENSE
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**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	<input type="checkbox"/>
(b) Articles with all amendments attached	<input type="checkbox"/>
(c) Original and one copy	<input type="checkbox"/>
2. Certificate of Status from Florida Secretary of State	<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"/>
3. Company By Laws	<input type="checkbox"/>
(a) Signed and dated by corporate secretary	<input type="checkbox"/>
(b) Sealed by the company (corporate seal)	<input type="checkbox"/>
4. Consent and Agreement in re Service of Process (Official Form)	<input type="checkbox"/>
(a) Signed and dated by	<input type="checkbox"/>
1. President or Chief Executive Officer	<input type="checkbox"/>

<u>Item #</u>	<u>Completion Check List</u>
2. Secretary	<input type="checkbox"/>
(b) Sealed by company (corporate seal).....	<input type="checkbox"/>
(c) Original with all blanks completed	<input type="checkbox"/>
5. Fictitious Name Certificate (if applicable)	<input type="checkbox"/>
Original	<input type="checkbox"/>
6. Certificate of Status from State of Domicile.....	<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"/>

**APPLICATION FOR LICENSE
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**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 one or more parent corporation in Section IV, financial statements for parent(s).....	<input type="checkbox"/>
2. Financial requirement	<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"/>
3. Deposit	<input type="checkbox"/>
(a) \$200,000	<input type="checkbox"/>
(b) Receipt from the Bureau of Collateral Management	<input type="checkbox"/>

<u>Item #</u>	<u>Completion Check List</u>
4. Plan of Operations	<input type="checkbox"/>
(a) History	<input type="checkbox"/>
List of controlling or controlled companies	<input type="checkbox"/>
List of d/b/a's, trade names, or fictitious names	<input type="checkbox"/>
(b) Management	<input type="checkbox"/>
(c) Products	<input type="checkbox"/>
(d) Marketing & Growth	<input type="checkbox"/>
5. List of states in which the applicant is active	<input type="checkbox"/>
6. List of sales representatives (Official Form)	<input type="checkbox"/>

**APPLICATION FOR LICENSE
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**CHECK LIST
SECTION IV - MANAGEMENT**

Company Name: _____

- | <u>Item #</u> | <u>Completion
Check List</u> |
|---|----------------------------------|
| 1. Listing of officers, directors, controlling individuals and shareholders | <input type="checkbox"/> |
| (a) Separate listing of all officers and 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 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..... | <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"/> |

Item #

Completion
Check List

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 Office of Insurance Regulation.....

(b) Card contains original signature

(c) No erasures on or alteration of card

(d) All blanks completed

**APPLICATION FOR LICENSE
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

**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"/>
(c) Spaces for	<input type="checkbox"/>
(1) Selling price	<input type="checkbox"/>
(2) Name of issuing salesman	<input type="checkbox"/>
(3) Date of issuance	<input type="checkbox"/>
(4) Selling price <u>paid</u> by consumer	<input type="checkbox"/>
(5) Contract period	<input type="checkbox"/>
(6) Contract holder's name, address, and phone number	<input type="checkbox"/>
2. Rates to be charged	<input type="checkbox"/>
3 copies	<input type="checkbox"/>
3. Proposed commission structure	<input type="checkbox"/>

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
MOTOR VEHICLE SERVICE AGREEMENT COMPANY**

_____, 20____

TO THE DIRECTOR OF INSURANCE REGULATION,
TALLAHASSEE, FLORIDA

SIR: The _____
(Give name of 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 motor vehicle service agreement 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:

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

INVOICE

**MOTOR VEHICLE SERVICE AGREEMENT 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)

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 Florida Department of Financial Services, Bureau of Financial Services, PO 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
	\$100	10	33	3	00	2