



**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION**

APPLICATION FOR ADDING A NEW LINE OF BUSINESS

This application is designed to assist insurers in preparing an application with all the information required by Rule 4-136.015 (attached) and Sections 624.09 and 624.408(1), Florida Statutes (attached) and facilitate expeditious processing of that application by the Office of Insurance Regulation. This application is for use by both life & health insurers and property & casualty insurers. This application includes three (3) categories of information.

- Section I Application Form & Fees
- Section II Supporting Information
- Section III Health, Variable Annuity and Separate Accounts Only

Submit the completed application package to:

Florida Office of Insurance Regulation
Applications Coordination Section
200 East Gaines Street
Tallahassee, Florida 32399-0332

IN ORDER FOR AN APPLICATION 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.

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**INSTRUCTIONS
SECTION I - APPLICATION FORMS & FEES**

Section I-1 Application form

The Application For Adding A New Line Of Business form must be fully completed and signed by the President or Chief Executive Officer and attested to by the Secretary. Submit the original application. The line(s) of business requested must meet the requirements of Rule 4-136.015, and Sections 624.09 and 624.408, F.S. and be consistent with the information provided by the insurer outlining its plans for the requested line(s) of business.

Section I-2 Fees

In the event that the requested modification to the Certificate of Authority is made, a new Certificate of Compliance showing the line(s) of business that the company is authorized to write in Florida will be issued. The attached invoice must be completed and a check made payable to the "Florida Department of Financial Services" in the amount of \$5.00.

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.

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**INSTRUCTIONS
SECTION II - SUPPORTING INFORMATION**

Section II-1 Certificate of Compliance (Foreign and Alien Insurers Only)

A Certificate of Compliance is a document issued by the public official having supervision of insurance in applicant's state of domicile showing that the company is duly organized and authorized to transact insurance therein and the kinds of insurance it is so authorized to transact. A certified copy of this certificate must be obtained from your home state and filed with your application. It must list the kinds of insurance the company is authorized to write in its state of domicile, be sealed by the state and it must be an original.

Section II-2 Seasoning

Provide documentation of three years of satisfactory operating experience in its state or country of domicile for each line requested. The documentation should include copies from the three most recent Annual Statements of the state reporting and any additional Exhibits and/or Schedules that support compliance with the seasoning Requirement. If the insurer lacks three years of successful operating experience, then provide documentation which shows that the insurer qualifies for a waiver pursuant to requirements outlined in Sections 624.404 and 624.408(1), F.S.

Section II-3 Other Information

In order to evaluate the request from the insurer, it is important for the Office to have a clear understanding of how the additional authority would impact the operations of the insurer. Accordingly, the applicant should provide any other information which is reasonably necessary for the Office to evaluate the proposed amendment. Other information might include the following: planned premium volumes, planned use of reinsurance, the expertise of personnel in the requested line(s), marketing plans, use of Managing General Agents, impact on the solvency of the insurer.

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INSTRUCTIONS

SECTION III - HEALTH, VARIABLE ANNUITIES AND SEPARATE ACCOUNTS ONLY

Section III-1 For Companies Adding Health Insurance Only

(A) The Florida Comprehensive Health Association became operational September 1, 1983. As required by Section 627.6488(1), F.S., every insurer authorized to transact health insurance in this state must participate in this plan. The attached subscription agreement acknowledging the statutory requirement must be submitted with the application to add this line of business. (Official Form Attached).

(B) Include information regarding plans to market health benefit plans to small employers. As used in the Employee Health Care Access Act, "health benefit plan" means any hospital or medical policy or certificate, hospital or medical service plan contract, or health maintenance organization subscriber contract. The term does not include accident-only, specified disease, individual hospital indemnity, credit, dental-only, vision-only, Medicare supplement, long-term care, or disability income insurance; coverage issued as a supplement to liability insurance; workers' compensation or similar insurance; or automobile medical-payment insurance. See Section 627.6699, Florida Statutes, for the requirements of this act and for a definition of terms. Form DI4-1093 (attached) should be completed for companies who desire to market health benefit plans to small employers.

Section III-2 Variable Annuity, Separate Accounts Only

In accordance with Section 627.802, F.S. and Rules of the Office promulgated for Variable and Indeterminate Value Contracts as authorized by Chapter 627, Part XIV of the Florida Statutes, please provide, with any application for Variable Annuity authority, evidence of the establishment and maintenance of Separate Accounts. Such evidence should include appropriate filings with and approvals by the Securities and Exchange Commission and copies of any proposed or approved prospectus.

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

APPLICATION FOR ADDING A NEW LINE OF BUSINESS

_____, 20_____

TO THE DIRECTOR OF OFFICE OF INSURANCE REGULATION
TALLAHASSEE, FLORIDA

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

Federal Identification Number _____

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

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

Lines of Business

Code Number

By: _____
President or Chief Executive Officer

Attest _____
Secretary

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
PROPERTY AND CASUALTY INSURERS
LINES OF BUSINESS BY COMPANY CODE**

0010 Fire
0020 Allied Lines
0030 Farmowners Multi Peril
0040 Homeowners Multi Peril
0050 Commercial Multi Peril
0080 Ocean Marine
0090 Inland Marine
0100 Financial Guaranty
*0106 Auto Warranties
0110 Medical Malpractice
0120 Earthquake
0160 Workers' Compensation
0170 Other Liability
*0173 Prepaid Legal
0192 Private Passenger Auto Liability
0194 Commercial Auto Liability
0211 Private Passenger Auto Physical Damage
0212 Commercial Auto Physical Damage
0220 Aircraft
0230 Fidelity
0240 Surety
*0245 Bail Bonds
0250 Glass
0260 Burglary and Theft
0270 Boiler and Machinery
0280 Credit
*0285 Title (Title Companies Only)
*0290 Livestock
0300 Industrial Fire
*0310 Mortgage Guaranty
0441 Credit Disability
*0450 Accident and Health
*0520 Industrial Extended Coverage
*0540 Mobile Home Multi Peril
*0550 Mobile Home Physical Damage
*0570 Crop Hail
*0607 Home Warranties
*0608 Service Warranties
*0610 Other Warranty
*0620 Miscellaneous Casualty

*For purposes of applicant's plan of operations, these lines should be listed as "all other lines". If any are combined with other lines on the pro forma's (i.e. mobile home combined with homeowners), the plan of operations should specify that this was done.

LINES OF BUSINESS BY COMPANY CODE (REINSURANCE)

R010 Reinsurance - Fire
R020 Reinsurance - Allied Lines
R030 Reinsurance - Farmowners Multi Peril
R040 Reinsurance - Homeowners Multi Peril
R050 Reinsurance - Commercial Multi Peril
R080 Reinsurance - Ocean Marine
R090 Reinsurance - Inland Marine
R100 Reinsurance - Financial Guaranty
*R106 Reinsurance - Auto Warranties
R110 Reinsurance - Medical Malpractice
R120 Reinsurance - Earthquake
R160 Reinsurance - Workers' Compensation
R170 Reinsurance - Other Liability
*R173 Reinsurance - Prepaid Legal
R192 Reinsurance - Private Passenger Auto Liability
R194 Reinsurance - Commercial Auto Liability
R211 Reinsurance - Private Passenger Auto Physical Damage
R212 Reinsurance - Commercial Auto Physical Damage
R220 Reinsurance - Aircraft
R230 Reinsurance - Fidelity
R240 Reinsurance - Surety
*R245 Reinsurance - Bail Bonds
R250 Reinsurance - Glass
R260 Reinsurance - Burglary and Theft
R270 Reinsurance - Boiler and Machinery
R280 Reinsurance - Credit
*R290 Reinsurance - Livestock
R300 Reinsurance - Industrial Fire
*R310 Reinsurance - Mortgage Guaranty
R441 Reinsurance - Credit Disability
*R450 Reinsurance - Accident and Health
*R520 Reinsurance - Industrial Extended Coverage
*R540 Reinsurance - Mobile Home Multi Peril
*R550 Reinsurance - Mobile Home Physical Damage
*R570 Reinsurance - Crop Hail
*R607 Reinsurance - Home Warranties
*R608 Reinsurance - Service Warranties
*R610 Reinsurance - Other Warranty
*R620 Reinsurance - Miscellaneous Casualty



Department of Financial Services
Office of Insurance Regulation – Bureau of Life & Health Forms and Rates

SMALL EMPLOYER CARRIER'S APPLICATION TO BECOME A RISK ASSUMING CARRIER OR A REINSURING CARRIER, AS REQUIRED BY SECTION 627.6699(11), FLORIDA STATUTES

CARRIER NAME _____

ADDRESS (CITYSTZIP) _____

FEIN: _____ NAIC GROUP CODE: _____ NAIC COMPANY CODE: _____

As required under the provisions of Section 627.6699(11), Florida Statutes, we hereby apply to elect the following status. (Select one block only.)

A. Reinsuring Carrier

A reinsuring carrier, as the term is used in Section 627.6699, Florida Statutes, is a direct writer of small employer health benefit plans and participates in the small employer health reinsurance program created by Section 627.6699 (11). If reinsuring carrier status is elected, nothing further is required except completion of the signature line on page 2 and submission to the Office.

B. Risk Assuming Carrier

If risk-assuming carrier status is elected, attach information showing that the carrier is financially capable of assuming that status pursuant to the criteria in items 1 through 4, below; then complete the signature line at the bottom of the page and send to the Office, Bureau of Life and Health Forms and Rates.

1. The carrier's financial ability to support the assumption of risk of small employer groups. The carrier shall demonstrate that its surplus is adequate to support the fair marketing required by the act and that the planned premium volume after becoming a risk-assuming carrier does not endanger the financial condition of the carrier or endanger the interest of the carrier's policyholder.
2. The carrier's history of rating and underwriting small employers groups. The carrier shall demonstrate that it has successfully engaged in the business of transacting rating and underwriting of small employer groups or is the wholly owned subsidiary of such a company and that its condition and methods of operation in connection with small employer group contracts will not be such as to render its operation hazardous to the public or its policyholders in this state.
3. The carrier's commitment to market fairly to all small employers in the state or its service area, as applicable. The carrier shall include a statement that the applicant has read and will comply with Section 627.6699 (13), Florida Statutes, Standards to Assure Fair Marketing. The Office shall consider the character, responsibility and general fitness of the officers and directors and the past market conduct of the carrier or its representatives.
4. The carrier's ability to assume and manage the risk of enrolling without the protection of the reinsurance program provided by Section 627.6699 (11), Florida Statutes. The Office shall consider the history and financial condition of the company. It should be demonstrated that the financial condition of the carrier is adequate to assume the risk of marketing or their employees' health status to comply with the purpose and intent of the law as stated in Section 627.6699 (2) without the benefit of the special reinsurance program created by Section 627.6699 (11) for reinsuring carriers. If part of the response is that your existing reinsurance program will be depended upon to cover such risks that you may be required to assume, include a copy of the reinsurance treaty with a summary of how it applies to these risks. The requirement of a copy of the reinsurance treaty does not apply to carriers that have a policyholder surplus in excess of \$100,000,000.

C. Not Applicable: The carrier will not issue health benefit plans or products to Florida small employer groups as defined in Section 627.6699, Florida Statutes.

Signature of Officer

Date

Name of Officer

Position or Title

PLEASE TYPE OR PRINT DATE, POSITION OR TITLE, AND NAME OF OFFICER

Form OIR-B2-1093 to be submitted as follows:
Office of Insurance Regulation
Bureau of Life & Health Forms and Rates
Larson Building
Tallahassee, FL 32399-0328