



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

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
MULTIPLE EMPLOYER WELFARE ARRANGEMENTS**

This package is designed to assist individuals in preparing the application with all the information required by statute and facilitate expeditious processing of the application by the Office of Insurance Regulation. This package includes five (5) categories of information:

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

Each of these sections is processed by different bureaus of the Office of Insurance Regulation. Therefore, 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 tabs at the bottom of the documents. (Example: the tab labeled II-1 would contain the certified Articles of Incorporation).

**THE COMPLETED CHECK LIST MUST BE RETURNED WITH THE APPLICATION PACKAGE!**

It is recommended that, prior to filing the application, you schedule a pre-filing conference with the Bureau of Life and Health Solvency to go over particular problems encountered in the past. Although the pre-filing conference is not a statutory requirement, it has proven beneficial to both the applicant and the Office of Insurance Regulation. To schedule a conference, please call the Applications Coordination Section at (850)413-2570.

Once the application is complete, mail it to:

Florida Office of Insurance Regulation  
Applications Coordination Section  
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.**

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

**Section I-1            Application Fees**

Applicants must pay a filing fee of \$1,500.00, pursuant to Section 624.501(1)(a), Florida Statutes. The 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 mail to:

Florida Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, Florida 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 fees.

**Section I-2            Application for Certificate of Authority (Official Form)**

The sponsoring association should complete this form and have it signed by the President. Original signatures and association seal (if any) are required on the application form submitted to the Office of Insurance Regulation.

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**SECTION II - LEGAL**

**Section II-1                   Articles of Incorporation of Sponsoring Association**

Include in this section, the applicant's Articles of Incorporation and all amendments, if applicable. They must be certified by the applicant's state of domicile, by the public official with whom the originals are on file in the state of domicile. The certification must be an original and obtained from that office no earlier than six months prior to the date the application is filed. **SUBMIT AN ORIGINAL AND ONE COPY.**

**Section II-2                   Certificate of Status from Florida Secretary of State of Sponsoring Association**

A Certificate of Status is a document issued by the Florida Secretary of State. This document shows that the association is duly organized and that all taxes and fees have been paid.

This certificate must be obtained from the Florida Secretary of State's office no earlier than six months prior to the date the application is filed. It must show good standing, be sealed by the state, and be an original (photocopies will not be acceptable). **SUBMIT AN ORIGINAL AND ONE COPY.**

**Section II-3                   By-Laws, Constitution, or Rules and Regulations of the Association**

The By-Laws, Constitution, and/or Rules and Regulations should be filed in this section. These documents must be signed and dated by the Secretary of the association. **NO** other signatures will be accepted other than the Secretary's signature. **SUBMIT AN ORIGINAL AND ONE COPY.**

**Section II-4                   Trust Agreement Establishing the Arrangement**

The Trust Agreement between the association and the arrangement (if applicable) should be included in this section. The Trust Agreement must be signed by all of the trustees.

If the trust agreement or bylaws do not specifically indicate that the trustees have complete fiscal control over and are responsible for all operations of the arrangement, that the trustees have authority to approve applications of association members for participation in the arrangement, and that the trustees have authority to contract with an authorized administrator or service company to administer the day-to-day affairs of the arrangement, attach other documents which specify their authority. **SUBMIT AN ORIGINAL AND ONE COPY OF THIS DOCUMENT.**

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**Section II-5                   Articles of Incorporation of the Arrangement**

The Articles of Incorporation of the Arrangement and all amendments should be included in this section. Articles of Incorporation must bear an original certification from the applicant's state of domicile, by the public official with whom the originals are on file in the state of domicile. **SUBMIT AN ORIGINAL AND ONE COPY OF THIS DOCUMENT.**

**Section II-6                   By-Laws of the Arrangement**

The By-laws of the Arrangement should be included in this section. By-laws must bear an original corporate seal, be signed and dated by the secretary. **SUBMIT AN ORIGINAL AND ONE COPY OF THIS DOCUMENT.**

**Section II-7                   Certificate of Status of the Arrangement**

A Certificate of Status of the Arrangement should be provided in this section. This is a document issued by the Florida Secretary of State's Office showing that the arrangement is duly organized and that all taxes and fees have been paid.

This certificate must be obtained from the Florida Secretary of State's office no earlier than six months prior to the date the application is filed. **SUBMIT AN ORIGINAL AND ONE COPY OF THIS DOCUMENT.**

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**SECTION III - FINANCIAL AND RELATED INFORMATION**

**Section III-1            Financial Requirement**

Existing arrangements should submit in this section a copy of IRS Federal Form 5500 entitled, Annual Return of Employer Benefit Plan With More Than One Hundred Participants.

**Section III-2            Plan of Operations**

It is important for the Office of Insurance Regulation to have a clear understanding of the proposed operations of the arrangement and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- A. **Current Operations.** Applicant should identify the number of employers currently participating in the arrangement. The number of participant units and number of dependents covered by the arrangement should also be indicated.
  
- B. **Management.** Applicant should indicate if each trustee is either an owner, partner, officer, director, and/or employee of a participating employer or is committed to participate in the arrangement. In addition, the applicant should provide the name and address of the employer represented by each trustee and by each officer and provide the association of the trustee or officer with such employer.

Applicant should also list the individuals responsible for managing or handling funds or assets of the arrangement.

- C. **Administration.** Applicant should give the name of the service company or third party administrator responsible for servicing the program of the arrangement and should attach a copy of the company's Florida license. In addition, attach a copy of the agreement between the service company or administrator and the trust. This agreement should be signed by the administrator and trustee.
  
- D. **Claims Adjusting and Underwriting.** Applicant should indicate that the arrangement has provided a sufficient number of competent persons to service its program in the areas of claims adjusting and underwriting. Applicant should also describe the present or proposed plan to service billings, claims, and underwriting. The criteria for underwriting should be justified, and a description of procedures for a special health test pursuant to Section 627.429(4), Florida Statutes, should be included.

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- E. **Marketing and Growth.** Applicant should provide an outline and description of the management's marketing efforts. Applicant should also list, in this section, the names of all persons directly employed by the arrangement, who solicit participants or adjust claims, indicating whether such person has a license issued by the Office of Insurance Regulation and if so, what type of license. For individuals without licenses, applicant should provide their qualifications.

In addition, applicant should list outside individuals contracted to solicit for the arrangement.

**Section III-3            Fidelity Bond**

In this section, the applicant should provide a copy of the fidelity bond issued in the name of the arrangement covering its trustees, directors, officers, employees, administrator, or other individuals managing or handling the funds or assets of the arrangement. The bond should be in an amount no less than 10% of funds handled annually, but in no case should it be less than \$50,000 or more than \$500,000.

**Section III-4            Excess Insurance Agreement**

Submit a copy of the present or proposed excess insurance agreement/policy, which should provide that the net retention level for any one risk not exceed \$50,000. Along with it, submit a summary description of the agreement with enough detail to indicate the nature of the coverage.

**Section III-5            Fund Balance**

Provide evidence that the arrangement has a fund balance equal to \$200,000. Licensed MEWA's should submit a certified financial statement. This information for MEWA's being newly formed should be reflected in the projections of the feasibility study.

**Section III-6            Feasibility Study**

Each applicant must submit a comprehensive feasibility study, performed by a certified public accountant in conjunction with a certified actuary (see Section V-4). The study should include a financial analysis, as well as enrollment assumptions and competitor information. The study should be for the greater of three years or until the arrangement has been projected to be profitable for twelve consecutive months. The study should show that the arrangement would have and maintain a fund balance as required by Section 624.4392, Florida Statutes and would not, at the end of any month of the projection period, have less than the required balance per Section 624.4392, Florida Statutes. The feasibility study should contain an opinion by the CPA performing the study

which must opine as to the reasonableness of the assumptions used in the feasibility study and that the assumptions are reasonably applied.

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The financial portion of the feasibility study must be prepared in accordance with standards promulgated by the American Institute of Certified Public Accountants in its "Guide For Prospective Financial Statements" and opined accordingly and must contain nothing less than an "examination opinion". Outlined below are the requirements for the feasibility study:

- A. A description of market potential, market penetration, and market competition.
- B. A current audited financial statement prescribed by Section 624.439(11) must be submitted for the proposed arrangement. The audited statement must be certified by an independent certified public accountant. If your group is already operating, submit an annual income statement developed on a statutory accounting principle basis for the past five years.

**NOTE:** The current financial statement should include a balance sheet. If the organization is already in business, it should also include an income statement, as well as a statement of changes in financial position. Each arrangement must demonstrate that it will have adequate funding to continually meet the minimum fund balance requirements of Section 624.4392, Florida Statutes. Surplus notes may be used in the calculation of surplus.

- C. A projected income statement on a monthly basis, with an annual total, through break even. The income statement should be for a minimum of three years and should be developed on a statutory accounting principle basis.
- D. A projected cash flow analysis on a monthly basis, with an annual total through break even for a minimum of three years. Line by line documentation must be submitted. The surplus/ deficit must be the amount used on the cash and cash reserves summary to reflect operations cash flow.
- E. A projected balance sheet annually through break even. The balance sheet should be for a minimum of three years and should be developed on a statutory accounting principle basis. It should be accompanied by statements of changes in financial position for the same time period.
- F. A statement of the proposed initial cash and cash reserves summary. This should be all inclusive (loan receipts, loan repayments, stock sales, etc). Also, include a description of the source and terms of the funding.
- G. The method in which the Multiple Employer Welfare Arrangement will comply with the insolvency protection deposit requirements of Section 624.441, F.S., including all relevant documentation necessary to meet the requirements. The deposit amount should be the greater of 5% of gross annual premiums for the

succeeding year, or 25% of claims expenditures for the previous twelve months.

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**SECTION IV - MANAGEMENT**

**ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

**Section IV-1            Alphabetical List of All Officers, Directors and Trustees (Official Forms Enclosed)**

- A.    A list of the name, address, and title of each officer (president, vice-president, secretary, treasurer, and chief financial officer) and director of the sponsoring association.
  
- B.    A list of the names and addresses of each trustee.

**Section IV-2            Biographical Affidavits for Officers, Directors and Trustees (Official Form Enclosed)**

A Biographical Affidavit (**Official Florida Form Only!**) must be completed for each officer, director, and trustee listed in Section IV-1, above. All questions must be answered and all "yes" answers must be accompanied by an explanation. Each Biographical Affidavit must contain an original signature of the principal and an original notary seal. **SUBMIT AN ORIGINAL OF EACH BIORGAPHICAL AFFIDAVIT IN THE ORDER OF THE LIST FROM SECTION IV-1.**

**Section IV-3            Authority for Release of Information (Official Form Enclosed)**

An Authority for Release of Information form must be completed for each person listed in Section IV-1. Each Authority for Release form must contain an original signature of the principal and an original notary seal. **SUBMIT AN ORIGINAL OF EACH AUTHORITY FOR RELEASE FORM IN THE ORDER OF THE LIST PROVIDED IN SECTION IV-1.**

**Section IV-4            Investigative Background Reports**

An investigative background report must be provided for each person listed in Section IV-1. These reports must be mailed directly to the Office of Insurance Regulation from a background investigative agency. As the reports are to be paid for by the applicant, please arrange for the billing to be sent by the investigative reporting firm to your accounting office. See the enclosed form, Instructions For Furnishing Background Investigative Reports, in this package for ordering these reports.

Evidence indicating that these reports have been ordered for all officers, directors, and trustees must be submitted by the applicant. Acceptable evidence includes a copy of the cancelled check issued to the investigative firm in payment for the reports and a copy of the letter of transmittal to the investigative firm with proof of mailing. The evidence should be dated no less than four (4) weeks prior to the date of the application.

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**SECTION V - FORMS AND RATES**

**NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS.**

**Section V-1           Forms**

SUBMIT THREE COPIES of the policy, contract, certificate of coverage, summary plan description, and/or other evidence of the benefits and coverages provided to each covered employee. Such evidence of benefits and coverages must contain in bold faced print of at least 12-point type in a conspicuous location, the following statements:

"The benefits and coverages described herein are provided through a trust fund established and funded by a group of employers. It is not an insurance company and is not protected by a guaranty fund in the event of insolvency. Participating employers are assessable for any losses incurred by the trust."

The form(s) must also meet the Flesch score requirements of Section 627.4145, Florida Statutes.

**Section V-2           Marketing Material**

In this section, provide advertising material, participating employer application, and a description of association support.

**Section V-3           Rates**

SUBMIT THREE COPIES of the complete schedule of proposed premium rates for each type of contract.

**Section V-4           Actuarial Rate Analysis**

In this section, the applicant should submit a report prepared by a certified actuary, who is a member of the Society of Actuaries or the American Academy of Actuaries. The report should provide evidence that the arrangement will be operated in accordance with sound actuarial principles and that proposed rates will provide sufficient revenues to pay current and future liabilities. The actuarial justification of rates should be prepared in accordance with standards promulgated by the American Academy of Actuaries and opined accordingly.

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The actuarial report should include a description of assumptions, an estimation of incurred but not reported claims (IBNR), and a forecast of rates and claims. It should also include an actuarial certification to the following:

- A. The rates are neither inadequate nor excessive nor unfairly discriminatory.
- B. The rates are appropriate for the classes or risks for which they have been computed.
- C. An adequate description of the rating methodology has been provided and that such methodology follows consistent and equitable actuarial principles.

**NOTE: THE ANALYSIS MUST CONTAIN AN ACTUARIAL CERTIFICATION THAT THE ARRANGEMENT'S RATES WILL CONTRIBUTE TO THE ACTUARIAL SOUNDNESS OF THE MULTIPLE EMPLOYER WELFARE ARRANGEMENT. IT MUST INCLUDE A DETAILED EXPLANATION OF HOW THE RATES WERE DERIVED.**

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

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Specialty insurer application fees paid .....	<input type="checkbox"/>
(a) Copy of invoice included (Official Form) .....	<input type="checkbox"/>
(b) Copy of check .....	<input type="checkbox"/>
(c) Originals mailed to Bureau of Financial and Support Services .....	<input type="checkbox"/>
2. Association completed application for license (Official Form) .....	<input type="checkbox"/>
(a) All blanks completed.....	<input type="checkbox"/>
(b) Sealed by association.....	<input type="checkbox"/>
(c) Signed by President (original signature).....	<input type="checkbox"/>

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**SECTION II - LEGAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation of the Sponsoring Association.....	<input type="checkbox"/>
(a) Original certification by Florida Secretary of State.....	<input type="checkbox"/>
(b) Articles with all amendments attached.....	<input type="checkbox"/>
2. Certificate of Status from Florida Secretary of State of the Sponsoring Association .....	<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"/>
(d) Original and one copy.....	<input type="checkbox"/>
3. Association By-Laws, Rules and Regulations, and/or Constitution.....	<input type="checkbox"/>
(a) Signed and dated by association secretary .....	<input type="checkbox"/>
(b) Sealed by association.....	<input type="checkbox"/>
(c) Original and one copy.....	<input type="checkbox"/>
4. Trust Agreement .....	<input type="checkbox"/>
(a) Agreement signed by all trustees (Original and one copy) .....	<input type="checkbox"/>
(b) Other documents specifying authority of trustees (Original and one copy) .....	<input type="checkbox"/>

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- 5. Articles of Incorporation of the Arrangement..... 
  - (a) Original and one copy.....
- 6. Bylaws of the Arrangement ..... 
  - (a) Original and one copy.....
- 7. Certificate of Status of the Arrangement ..... 
  - (a) Original and one copy.....

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**SECTION III - FINANCIAL AND RELATED INFORMATION**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Federal form 5500.....	<input type="checkbox"/>
2. Plan of Operations .....	<input type="checkbox"/>
(a) Current operations.....	<input type="checkbox"/>
1. Number of employers .....	<input type="checkbox"/>
2. Number of employees.....	<input type="checkbox"/>
3. Number of dependents .....	<input type="checkbox"/>
(b) Management.....	<input type="checkbox"/>
1. Relationship identified between arrangement's trustees and their employers .....	<input type="checkbox"/>
2. Officers' employers names and addresses .....	<input type="checkbox"/>
3. List of individuals responsible for managing funds of arrangement.....	<input type="checkbox"/>
(c) Administration .....	<input type="checkbox"/>
1. TPA License attached.....	<input type="checkbox"/>
2. TPA Agreement attached .....	<input type="checkbox"/>
(d) Claims adjusting and underwriting .....	<input type="checkbox"/>
1. Number of adjusters and underwriters .....	<input type="checkbox"/>
2. Plan to service billings, claims, and underwriting.....	<input type="checkbox"/>
3. Justification of underwriting criteria .....	<input type="checkbox"/>

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- 4. Special health test procedures .....
- (e) Marketing and growth ..... 
  - 1. Marketing efforts .....
  - 2. List of persons employed to solicit participants or adjust claims .....
  - 3. Type of licenses or qualifications.....
  - 4. List of individuals contracted to solicit .....
- 3. Fidelity bond.....
- 4. Excess insurance agreement .....
- 5. Fund balance .....
- 6. Feasibility study..... 
  - (a) Addresses market potential, market penetration, and market competition .....
  - (b) Current audited financial statements.....
  - (c) Projected income statement.....
  - (d) Projected cash flow analysis .....
  - (e) Projected balance sheet.....
  - (f) Proposed initial cash and cash reserves summary .....
  - (g) Insolvency protection deposit requirement .....

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**SECTION IV - MANAGEMENT**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1.	Alphabetical listing of officers, directors, and trustees ..... <input type="checkbox"/>
	(a) Separate listing of all officers and directors for sponsoring association (Official Form) ..... <input type="checkbox"/>
	(b) Separate listing of trustees (Official Form)..... <input type="checkbox"/>
	(c) Full names listed ..... <input type="checkbox"/>
	(d) Titles listed ..... <input type="checkbox"/>
2.	Biographical affidavits for each individual listed in Section IV-1 (Official Form)..... <input type="checkbox"/>
	For each biographical affidavit:
	(a) All blanks completed..... <input type="checkbox"/>
	(b) "Yes" answers explained ..... <input type="checkbox"/>
	(c) Contains original signature ..... <input type="checkbox"/>
	(d) Notarized (original) ..... <input type="checkbox"/>
	(e) Submitted original of each affidavit ..... <input type="checkbox"/>
3.	Authority for Release of Information forms for each individual listed in Section IV-1 (Official Form) ..... <input type="checkbox"/>
	For each release form:
	(a) Contains original signature ..... <input type="checkbox"/>
	(b) Notarized (original) ..... <input type="checkbox"/>

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- (c) Submitted original of each release form .....
- 4. Investigative Background Report for each individual listed in Section IV-1 
  - (a) Investigative reporting firm contacted .....
  - (b) Full names given to investigative reporting firm for all individuals listed in Section IV-1 .....
  - (c) Arrangements made for reports to be sent directly to this Office .....
  - (d) Evidence indicating background investigative report has been ordered for all officers, directors and trustees, dated no less than 4 weeks prior to date of application (cancelled check or letter of transmittal) .....

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**SECTION V - FORMS AND RATES**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Forms .....	<input type="checkbox"/>
(a) 3 copies.....	<input type="checkbox"/>
(b) Contain assessability language.....	<input type="checkbox"/>
(c) Meet flesch score requirements .....	<input type="checkbox"/>
2. Marketing material .....	<input type="checkbox"/>
(a) Advertising material .....	<input type="checkbox"/>
(b) Participating employer application .....	<input type="checkbox"/>
(c) Description of association support .....	<input type="checkbox"/>
3. Rates to be charged .....	<input type="checkbox"/>
(a) 3 copies.....	<input type="checkbox"/>
4. Actuarial report.....	<input type="checkbox"/>
(a) Prepared by certified actuary .....	<input type="checkbox"/>
(b) Prepared in accordance with standards of American Academy of Actuaries .....	<input type="checkbox"/>
(c) Includes description of assumptions .....	<input type="checkbox"/>
(d) Includes estimation of incurred but not reported claims (IBNR) .....	<input type="checkbox"/>
(e) Includes forecast of rates/claims .....	<input type="checkbox"/>
(f) Includes certification .....	<input type="checkbox"/>

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

APPLICATION FOR CERTIFICATE OF AUTHORITY  
(Multiple Employer Welfare Arrangement)

TO THE DIRECTOR OF OFFICE OF INSURANCE REGULATION \_\_\_\_\_, 20\_\_\_\_  
TALLAHASSEE, FLORIDA

SIR: The \_\_\_\_\_  
(Name of trade, industry, or professional association)

Federal Identification Number \_\_\_\_\_

Organized (date) \_\_\_\_\_

of \_\_\_\_\_  
(Home Office Address) (City) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

through its duly authorized officers, hereby applies for license authorizing and empowering the Association aforesaid to operate as a multiple employer welfare arrangement 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

Attest \_\_\_\_\_  
Secretary

Name of Multiple Employer Welfare Arrangement:

\_\_\_\_\_

Date Arrangement Established: \_\_\_\_\_

Name of Attorney or Principal filing this application:

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**INVOICE**

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

**REQUEST FOR PAYMENT OF APPLICATION FEES**

NAME OF ARRANGEMENT: \_\_\_\_\_

FEIN \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ARRANGEMENT ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

(CITY)

(STATE)

(ZIP CODE)

In reference to the submission of the above-referenced specialty insurer's application to do business in Florida, it is necessary for this form to be returned with 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, Post Office 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 Florida Office of Insurance Regulation, Applications Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE
	\$1,500	12	07	3	09	02

**DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
MANAGEMENT INFORMATION FORM  
COMPLETE LISTING OF INCORPORATORS, OFFICERS  
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)**

**INCORPORATORS:**

**TITLES:**

**OWNERSHIP PERCENTAGE:**

**OFFICERS:**

**DIRECTORS:**

**SHAREHOLDERS:**

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
TALLAHASSEE, FLORIDA 32399-0300  
BIOGRAPHICAL STATEMENT AND AFFIDAVIT**

**All questions on this form should be answered fully.** If more space is needed, attach additional sheets. If a question is not applicable, please put "Not Applicable" or "N/A". Please print or type all answers.

**QUESTIONS**

1. (a) Full Name \_\_\_\_\_ (b) Maiden Name \_\_\_\_\_  
(c) Date of Birth \_\_\_\_\_ (d) Place of Birth \_\_\_\_\_  
(e) Social Security Number \_\_\_\_\_ (f) Occupation or Profession \_\_\_\_\_

2. Full name, address, and telephone number of the present or proposed entity for which this biographical statement is being required.

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3. Type of entity (i.e. insurance company, health maintenance organization, premium finance company, CCRC, etc.):

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4. Your current or proposed position with the present or proposed entity.

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5. List your residence for the last ten (10) years starting with your current address and going backward, giving:

Dates	Address	City, County, State	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Education. Please list the most recent education first.

(a) College/University	Dates Attended	Type of Degree Obtained
_____	_____	_____
_____	_____	_____

(b) Other Training

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7. (a) Business and employment record for past ten (10) years. Please list the most recent first. Include all director and officer positions held, including current position.

Dates	Employer's Name	Address & Telephone	Offices/Positions Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) May present employer be contacted? Yes  No

8. List all other current business activities: \_\_\_\_\_

9. (a) Have you or your spouse ever been affiliated or associated with or in any way connected with an insurance entity regulated by the Florida Department of Insurance or any other state? Yes  No

(b) If "Yes", please list all such entities:  
\_\_\_\_\_

10. (a) Do you or members of your immediate family have or expect to have an ownership interest of any kind in the present or proposed entity? Yes  No

(b) If "Yes", list all such ownership interests and give full details. If the ownership interest is pledged or hypothecated in any way, give full details.  
\_\_\_\_\_  
\_\_\_\_\_

11. (a) Have you ever used any other name or an alias? Yes  No

(b) If "Yes", list all other names used and give full explanation.  
\_\_\_\_\_

12. (a) Have you ever been bonded? Yes  No

(b) If "Yes":

1. Were any claims ever made or attempted to be made against your bond? Yes  No

2. Has your bond ever been canceled or revoked? Yes  No

3. Has your application for bond been declined? Yes  No

4. If the response to 1, 2, or 3 is "Yes", please provide reasons.  
\_\_\_\_\_

13. (a) Have you ever been licensed as an insurance agent, broker, solicitor, adjuster, or claims investigator in Florida or any other state? Yes  No

(b) If "Yes":

1. State(s) \_\_\_\_\_

2. Dates license(s) held \_\_\_\_\_

3. License number(s) \_\_\_\_\_

4. Name of issuer of license(s) \_\_\_\_\_

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14. (a) Have you ever been licensed to sell securities? Yes  No

(b) If "Yes":

1. By whom (state[s] and/or federal) \_\_\_\_\_
2. Dates license(s) held \_\_\_\_\_
3. License number(s) \_\_\_\_\_
4. Name of issuer of license(s) \_\_\_\_\_

15. List any other occupational, professional, or vocational licenses you have ever held and identify the state(s), the dates license(s) held, type of license, and the license number(s). Identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.

\_\_\_\_\_

\_\_\_\_\_

16. List any entities regulated by the Office of Insurance Regulation in which you control directly or indirectly or own legally or beneficially ten (10) percent or more of the outstanding stock (in voting power).

\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

\_\_\_\_\_

17. List memberships in professional societies and associations: \_\_\_\_\_

18. (a) Are you a citizen of any country other than the United States? Yes  No

If Yes, what country? \_\_\_\_\_

(b) Have you ever violated any of the U.S. Immigration and Naturalization laws? Yes  No

19. (a) Have you ever:

- |                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (1) Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public, administrative, or governmental licensing agency?                                                                                                                                                                                                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Had any occupational, professional, or vocational license or permit you hold, or have held, been subject to any judicial administrative, regulatory, or disciplinary action?                                                                                                                                                                                                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?                                                                                                                                                                                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) Been charged with, or indicted for, any criminal offense(s) other than minor traffic offenses(s)?                                                                                                                                                                                                                                                                                                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (5) Pled guilty, or nolo contendere, or been convicted, of any criminal offense(s) other than minor traffic offenses?                                                                                                                                                                                                                                                                                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (6) Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than minor traffic offenses?                                                                                                                                                                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (7) Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership, rehabilitation, liquidation, or conservatorship proceeding, or any other similar proceeding?                                                                                                                                                                                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (8) Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal or state law regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (9) Been, within the last ten (10) years, a party to any civil action other than for minor traffic offenses?                                                                                                                                                                                                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (10) Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provision of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (11) Had a lien, judgment or foreclosure action filed against you or any entity while you were associated with that entity?                                                                                                                                                                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(b) If the response to any question in #19 above is answered "Yes", please provide full details including dates, locations, dispositions, etc. (Attach a copy of the complaint and final adjudication or settlement as appropriate.)

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20. (a) For the purpose of this question, if you hold or have held any of the following positions with any entity whether regulated or not regulated by the Office of Insurance Regulation, please indicate below:

- |                                                                                                                                                     |                              |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Incorporator or organizer                                                                                                                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Administrator, manager or operator                                                                                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Subscriber of a corporation, reciprocal, or limited reciprocal                                                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Director, officer, or trustee                                                                                                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Owner, if not a corporation, sole proprietor                                                                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Partner, including all general and limited partners of a limited partnership, joint venturer                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Stockholder owning or holding ten (10) percent or more of the outstanding stock of a stock corporation                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Member of a non-stock corporation                                                                                                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Person associated or to be associated with the formation or financing of an underwriting member on an Insurance Exchange in any state or country | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Attorney-in-fact or attorney for a reciprocal insurer or a limited reciprocal insurer                                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Any position, other than one listed above, which you held in an insurance related entity                                                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the response to any question in #20 (a) above is answered "yes", please provide full details.

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20. (b) To your knowledge, has any entity while you were associated with that entity or within twelve (12) months after you left:

- |                                                                                                                                                                                                    |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency?                                                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, investigated, or subjected to any judicial, administrative, regulatory, or disciplinary action? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any judicial, administrative, regulatory, or disciplinary action?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Been charged with, or indicted for, any criminal offense?                                                                                                                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|-----------------------------|
| 5. Pled guilty to, or nolo contendere to, or been convicted of any criminal offense?                                                                                                                                                                                                                                                                 | Yes <input type="checkbox"/> |  | No <input type="checkbox"/> |
| 6. Had an adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation for any criminal offense?                                                                                                                                                  | Yes <input type="checkbox"/> |  | No <input type="checkbox"/> |
| 7. Been insolvent or impaired?                                                                                                                                                                                                                                                                                                                       | Yes <input type="checkbox"/> |  | No <input type="checkbox"/> |
| 8. Been subject to any federal bankruptcy proceeding, state insolvency, supervision, receivership, rehabilitation, liquidation, or conservatorship proceeding, or any other similar proceeding?                                                                                                                                                      | Yes <input type="checkbox"/> |  | No <input type="checkbox"/> |
| 9. Been enjoined, either temporarily or permanently, in any judicial, administrative, regulatory or disciplinary action from violating any federal or state law regulating the business of insurance, securities, or banking, or from carrying out any particular practice or practices in the course of business insurance, securities, or banking? | Yes <input type="checkbox"/> |  | No <input type="checkbox"/> |
| 10. Been within the last ten (10) years a party to any civil action?                                                                                                                                                                                                                                                                                 | Yes <input type="checkbox"/> |  | No <input type="checkbox"/> |

If the response to any question above in # 20 (b) is answered "Yes", please provide full details below:

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I HEREBY CERTIFY, under penalty of perjury, that the foregoing answers, statements, and information are true and correct to the best of my knowledge.

I, the undersigned affiant, under penalty of perjury, do declare that I have carefully examined each of the questions asked in this BIOGRAPHICAL STATEMENT AND AFFIDAVIT and each of my responses thereto, and do solemnly swear or affirm that all of my responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct.

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of \_\_\_\_\_

County of \_\_\_\_\_

BEFORE ME this day personally appeared \_\_\_\_\_ (Typed name of Affiant) who, being duly sworn, deposes and says that he/she executed the above BIOGRAPHICAL STATEMENT AND AFFIDAVIT and that the answers, statements, and information contained in this statement are true and correct.

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**PLEASE DO NOT RETYPE THIS BIOGRAPHICAL FORM**





**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

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**INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS**

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package.
2. Please refer to the NAIC website at [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm), "Third Party Vendors for Background Reports", for specific information regarding background investigation vendors.
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will transmit investigative reports electronically to the Florida Office of Insurance Regulation ("Office") to this e-mail address: [bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com) in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail.
5. Applicants are required to arrange for the reports to be directly transmitted to the Office by the selected vendor to this e-mail address: [bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com) prior to or contemporaneously with the submission of each application filing, with the exception of acquisition filings.
6. Acquisition filings must include evidence indicating that background reports have been ordered, including proof of payment.
7. Any questions regarding this process may be directed to the Office at [appcoord@flor.com](mailto:appcoord@flor.com)



# Office of Insurance Regulation

## Company Admissions

### FINGERPRINT CARD AND PAYMENT INSTRUCTIONS

**For instructions on payment of fingerprint processing fees, and for using the digital fingerprint option, see Page 2.**

Fingerprints submitted on a card not provided by the Florida Office of Insurance Regulation will not be accepted.

THE CARD MUST BE SIGNED BY THE APPLICANT.

FLORIDA RESIDENTS: You must take the fingerprint card to a law enforcement agency in Florida for fingerprint service.

OUT OF STATE RESIDENTS: CONSULT YOUR LOCAL LAW ENFORCEMENT AGENCIES FOR ADDITIONAL INSTRUCTIONS.

The top portion of the fingerprint card must be completed in order for FDLE and FBI to process the card. If the law enforcement agency does not fill out the top portion of the card for you, you are responsible for filling it out with all information applicable to you.

The following specific instructions should be followed:

- ◆ Fingers should be washed and dried thoroughly prior to prints being taken.
- ◆ Do not sign the fingerprint card until you are in the presence of the person who will take the fingerprints.
- ◆ The fingerprint card **MUST** be typed or filled out in **BLACK INK**.
- ◆ Your name, at the top of the fingerprint card, and all other information should be typed or printed clearly.
- ◆ Identity of private contractors should be shown in space "EMPLOYER AND ADDRESS".
- ◆ The section titled Date of Birth DOB, Place of Birth POB, SEX, HGT (height), WGT, (weight), EYES, and HAIR must all be filled out.

RACE- Use W for White, B for Black, A for Asian, I for Indian, etc. DO NOT USE THE LETTER C.

HGT- Use feet and Inches. DO NOT USE TOTAL INCHES.

EYES AND HAIR- To describe color of eyes and hair, use appropriate three letter code from the following list:

<u>COLOR</u>	<u>CODE</u>
Bald**	BAL (Hair Only)
Black	BLK (Hair Only)
Blond or Strawberry	BLN (Hair Only)
Blue	BLU (Eyes Only)
Brown	BRO
Gray or Partially Gray	GRY (Hair Only)
Green	GRN (Eyes Only)
Hazel	HAZ (Eyes Only)
Red or Auburn	RED (Hair Only)
White	WHI (Hair Only)

- ◆ \*\*Bald (BAL) is to be used when the subject has lost most of the hair on top of their head.
- ◆ The section titled Citizenship CTZ is for your citizenship –USA, Cuba, Canada, etc.
- ◆ The section titled Armed Forces No. MNU is for your military service number if you have one.
- ◆ The section titled Social Security No. SOC is for your social security number if you have one, and it is VERY IMPORTANT. However, pursuant to section 119.072, Florida Statutes, the social security number must be collected and maintained on a separate page, see attached.
- ◆ You are not required to fill out the sections titled:

Your No. OCA  
 FBI No. FBI  
 Miscellaneous No. MNU

Do not fold or damage the fingerprint card in any way. The fingerprint card cannot be processed if it has been folded, erased or damaged. You may include cardboard backing to protect the fingerprint card if you like.

NOTICE: Your fingerprint card must be typed or filled out in BLACK INK. Information which has been entered on the cards may not be altered in any way, i.e., erased, covered with correction fluid or tape, marked out, etc. In addition, cards may not be folded, stapled, torn or marred in any way.

## FINGERPRINT PAYMENT AND LIVESCAN INSTRUCTIONS

### **When submitting paper fingerprint cards:**

1. Pre-payment of fingerprint processing fees shall be made electronically at [www.fldfsprints.com](http://www.fldfsprints.com)  
  
Step 1: Begin Registration.  
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR.  
Step 3: Pay for Ink Card Submission.  
Step 4: Enter Personal Information.
  
2. Submit a copy of the on-line payment confirmation along with the completed cards and other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

### **When using the LiveScan Option (Florida residents only):**

1. Pre-payment of fingerprint processing fees for LiveScan submissions shall be made electronically at [www.fldfsprints.com](http://www.fldfsprints.com).  
  
Step 1: Begin Registration.  
Step 2: Enter Your CRI: FL921400Z – OIR – INSURANCE COMPANY OFFICER/DIRECTOR  
Step 3: Enter a zip code to determine the closest fingerprinting location **or** choose the region you will be in for your identification appointment.  
Step 4: Enter Personal Information.
  
2. Submit a copy of the on-line payment confirmation along with other filing documents to Florida Office of Insurance Regulation, Company Admissions Section, 200 E. Gaines Street, Tallahassee, FL 32399-0332.

**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.**

For questions email [appcoord@flor.com](mailto:appcoord@flor.com).

# **CONFIDENTIAL**

Pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07, Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

The requirement for the applicant's social security is mandatory.

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. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

# **CONFIDENTIAL**