



Office of Insurance Regulation
Company Admissions

**APPLICATION FOR ELIGIBILITY AS A
SURPLUS LINES INSURER**

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.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

<http://www.floir.com/iportal>

and select iApply – Online Company Admissions

If this package requires original documents, in lieu of providing original paper documents, the Applicant is directed to submit a PDF of the original document(s) unless otherwise required by Florida Statutes.

Any questions concerning this application package or iApply may be directed to pcappcoord@floir.com.

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 ELIGIBILITY AS A SURPLUS LINES INSURER

INSTRUCTIONS

SECTION I - APPLICATION FORMS & FEES

Section I-1 Written Request for Eligible Surplus Lines Status

A written request must be submitted requesting the eligibility of the insurer. The request must detail the lines of insurance the insurer intends to offer (refer to Form OIR-C1-1416) and a projection of how much premium will be written on an annual basis. If the insurer is made eligible to write surplus lines coverages, it will be only for those lines requested.

Additionally, the request must state the number of surplus lines agents to be used, and the agent who will be responsible for the payment of premium tax.

The request should indicate the name of the appropriate individual with the insurer and the surplus lines agent, whom the Office should contact with any questions.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-5. Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure for instructions.

**APPLICATION FOR ELIGIBILITY AS A
SURPLUS LINES INSURER**

**INSTRUCTIONS
SECTION II - LEGAL**

THE OFFICE OF INSURANCE REGULATION RECOMMENDS THAT CORPORATE DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE OFFICE IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

Section II-1 Service of Process Consent and Agreement

Provide an executed Uniform Consent to Service of Process, Form OIR-C1-1524.

Section II-2 Certificate of Authority (State of Domicile)

A copy of the state of domicile's certificate of authority showing the lines of business the insurer is authorized to write. This document must bear an original certification by the state of domicile.

Section II-3 United States Trust Fund (Alien Insurers only)

An Alien applicant must submit evidence of a United States trust fund in an amount not less than \$5.4 million. This document should be from the trustee of the fund, showing both the amount and nature of the fund, Alien insurers seeking approval for ocean marine and/or aviation risks ONLY are not required to have a United States trust fund (Section 626.918 (2)(g), Florida Statutes).

APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

INSTRUCTIONS SECTION III - FINANCIAL

NOTE: THE INSURER MUST HAVE BEEN AN INSURER FOR NOT LESS THAN THREE YEARS NEXT PRECEDING OR QUALIFY FOR EXEMPTION UNDER SECTION 626.918(2)(b), FLORIDA STATUTES. THE INSURER MUST HAVE A SURPLUS AS TO POLICYHOLDERS NOT LESS THAN \$15 MILLION.

Section III-1 Annual Statement

Applicant must file the most recent year end annual statement in the NAIC format. It must contain original signatures of the signing corporate officers and it must be certified by the state of domicile. All schedules must be complete. (Pay special attention to the general interrogatories, notes to financial statements and the organization charts as these schedules are often filed as separate attachments when the annual statement is prepared).

Section III-2 Quarterly Statements

Applicant must file all quarterly financial statements in NAIC format covering the current year-to- date. These statements do not have to be certified by the state of domicile. However, they must be signed by the company's officers and they must be embossed with the insurer's corporate seal. Supplemental loss developmental schedules (also in NAIC format) must be included for each quarter.

Section III-3 Statutory Mandated Examination Reports

Applicant must file its most recent report of examination (certified by state of domicile) performed by its state of domicile. In lieu of such examination, an applicant may submit an audited certified public accountant's report prepared on a basis consistent with the insurance laws of the state of domicile, certified by the state of domicile. The report must be statutory, stand-alone. Consolidated reports are not acceptable.

Section III-4 Statutory Financial Statements Audited by Certified Public Accountants

Applicant must provide a copy of the latest Audited Certified Public Accountant's report on the insurer prepared on a basis consistent with the insurance laws of the insurer's state of domicile. If such report does not exist, a statement that no such audit has ever been performed signed by at least two executive officers and embossed with the insurer's corporate seal must be provided.

Section III-5 Previous Florida Business History

In this section the applicant should detail any history that it has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state. This statement should include any parent companies or subsidiaries.

APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

INSTRUCTIONS SECTION IV - MANAGEMENT

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

Section IV-1 A listing of all company officers, directors, and shareholders with their respective titles should be listed in this section.

Provide the listing using Form OIR-C1-1298. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related entities, including the ownership percentages.

Section IV-2 History of Company

A brief history of the company since its incorporation. Include date of incorporation, date commenced business and any changes of ownership or changes in operations, Indicate the number of states licensed, actions taken by governmental agencies that have jurisdiction over the insurer.

Section IV-3 Biographical Affidavits as to Officers, Directors and Shareholders (Form OIR- C1-1423)

A Biographical Affidavit, Form OIR-CI-1423, must be completed for each officer, director and shareholder listed in Section IV-1. All questions must be answered and yes answers must be accompanied by an explanation. Each Biographical Affidavit must contain an original signature of the respective officer or director and an original notary seal.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to Sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on the Biographical Affidavit, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also, please mark CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office. The duties of the Office in background investigation are extensive to ensure 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.

APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

INSTRUCTIONS SECTION IV - MANAGEMENT

Section IV-4 Background Investigative Report

A Background Investigative Report must be provided for each person listed in Section IV-1 above. Background reports must be submitted by the selected background investigation vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Attach confirmation that the reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports.

Section IV-5 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 or similar type agency and returned to this Office for processing. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure for instructions.

**APPLICATION FOR ELIGIBILITY AS A
SURPLUS LINES INSURER**

**CHECK LIST
SECTION I - APPLICATION FORMS**

Company Name: _____

<u>Item#</u>		<u>Completion Check List</u>
1.	Written request	<input type="checkbox"/>
	(a) All classes of insurance to be transacted listed by code number...	<input type="checkbox"/>
	(b) Number of Surplus Lines agents to be used.....	<input type="checkbox"/>
	(c) Agent responsible for paying premium tax.....	<input type="checkbox"/>
	(d) Contact persons and phone numbers.....	<input type="checkbox"/>
2.	Fingerprint fee paid.....	<input type="checkbox"/>
	(a) Copy of on-line payment confirmation.....	<input type="checkbox"/>

**APPLICATION FOR ELIGIBILITY AS A
SURPLUS LINES INSURER**

**CHECK LIST
SECTION II - LEGAL**

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Uniform Consent to Service of Process (Form OIR-C1-1524).....	<input type="checkbox"/>
	(a) Signed and dated by	
	1. President or Chief Executive Officer	<input type="checkbox"/>
	2. Secretary	<input type="checkbox"/>
	3. Sealed by Company (Corporate Seal).....	<input type="checkbox"/>
2.	Certificate of Authority	<input type="checkbox"/>
	(a) Certification by home state	<input type="checkbox"/>
3.	Evidence of United States Trust Fund	<input type="checkbox"/>
	or	
	(a) Explanation as to why this does not apply.....	<input type="checkbox"/>

**APPLICATION FOR ELIGIBILITY AS A
SURPLUS LINES INSURER**

**CHECK LIST
SECTION III - FINANCIAL**

Company Name: _____

<u>Item #</u>		<u>Completion Check List</u>
1.	Annual Statement	<input type="checkbox"/>
	(a) Certified by state of domicile	<input type="checkbox"/>
	(b) Most current year	<input type="checkbox"/>
	1. Signed by two executive officers	<input type="checkbox"/>
	2. Sealed by corporation	<input type="checkbox"/>
	3. Supplemental schedules included.....	<input type="checkbox"/>
2.	Quarterly Statements.....	<input type="checkbox"/>
	(a) All quarterly statements year to date	<input type="checkbox"/>
	(b) Statements in NAIC format	<input type="checkbox"/>
	1. Signed by two executive officers	<input type="checkbox"/>
	2. Sealed by corporation	<input type="checkbox"/>
3.	Statutory examination by state of domicile.....	<input type="checkbox"/>
	(a) Certified by state of domicile	<input type="checkbox"/>
4.	Statutory Financial Statements audited by Certified Public Accountants	<input type="checkbox"/>
	or	
	Statement by the company that no such audit has ever been performed...	<input type="checkbox"/>
	1. Signed by Executive Officer.....	<input type="checkbox"/>
	2. Sealed by Company (Corporate Seal)	<input type="checkbox"/>
5.	Previous Florida business history statement.....	<input type="checkbox"/>

**APPLICATION FOR ELIGIBILITY AS A
SURPLUS LINES INSURER**

**CHECK LIST
SECTION IV - MANAGEMENT**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Listing of all company officers, directors and shareholders.....	<input type="checkbox"/>
(a) Full names listed.....	<input type="checkbox"/>
(b) Titles listed.....	<input type="checkbox"/>
(c) Organization Chart.....	<input type="checkbox"/>
2. History of company since incorporation.....	<input type="checkbox"/>
3. Biographical Affidavits as to officers and directors and shareholders.....	<input type="checkbox"/>
As to each biographical:	
(a) All blanks filled.....	<input type="checkbox"/>
(b) All "yes" answers explained.....	<input type="checkbox"/>
(c) Contain original signature of each respective officer and director.....	<input type="checkbox"/>
(d) Notarized (Original).....	<input type="checkbox"/>
(e) Biographical Affidavits completed for all persons listed in Item 1 above.....	<input type="checkbox"/>
(f) Original filed.....	<input type="checkbox"/>
4. Background investigative reports for persons listed in Section IV-1.....	<input type="checkbox"/>
5. Fingerprint cards (or LiveScan for Florida residents) completed for each person listed in Section IV-1.....	<input type="checkbox"/>
(a) Contains original signature of each respective officer, directors, and shareholders.....	<input type="checkbox"/>
(b) Office of Insurance Regulation card only.....	<input type="checkbox"/>
(c) No erasures or alterations on card.....	<input type="checkbox"/>

**APPLICATION FOR ELIGIBILITY AS A
SURPLUS LINES INSURER**

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