



Office of Insurance Regulation
Company Admissions

**APPLICATION FOR REGISTRATION AS A
RISK RETENTION GROUP**

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 submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select "Form & Rate Filing Assembly and Submission" to begin the submission of forms and/or rates.

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 may be directed to the Application Coordinator at appcoord@floir.com. For iApply only questions, contact the Application Coordinator at iapply@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 REGISTRATION AS A RISK RETENTION GROUP

RISK RETENTION GROUP NOTIFICATION

This package has been developed to aid you in notifying the Office of Insurance Regulation (the Office) of your intention to act as a Risk Retention Group in Florida under the provisions of the 1986 Federal Liability Risk Retention Act (the Act) and applicable Florida Statutes.

In order to properly notify the Office, a Risk Retention Group must:

1. Complete and file the attached forms for Application for Registration as a Risk Retention Group and the Addendum To Registration as a Risk Retention Group. Please fill these forms out completely. Some of the information may have already been provided to us, but these forms are used by the Office for the quick retrieval of information and we ask that you assist us by entirely completing the forms;
2. Designate the Chief Financial Officer as the Risk Retention Group's agent for the purpose of receiving service of legal documents or process on the attached Appointment of Attorney to Accept Service, and the accompanying Resolution Form;
3. File a copy of the Risk Retention Group's charter showing that it has been organized primarily for the purpose of assuming and spreading all, or any portion, of the liability exposure of its group members;
4. File a certified copy of the Risk Retention Group's license issued by its state of domicile authorizing it to transact business as an insurance company;
5. File a copy of the plan of operation or feasibility study, which the Risk Retention Group has submitted to the insurance commissioner of its domicile state;
6. File the following:
 - (a) A copy of the group's financial statements submitted to its state of domicile, which shall be certified by an independent public accountant and contain a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries.
 - (b) A copy of each examination of the risk retention group as certified by the insurance commissioner of the public official conducting the examination.
 - (c) A copy of any audit performed with respect to the risk retention group.

These notification documents must be submitted to the Office before the risk retention group offers insurance in Florida per Section 3(d)(2)(a) of the Act and Section 627.944 of the Florida Statutes.

Please note that Risk Retention Groups will be subject to premium taxes on their Florida business. See Section 627.944(3), of the Florida Statutes.

YOU WILL RECEIVE A WRITTEN RESPONSE THAT THE RISK RETENTION GROUP IS PROPERLY REGISTERED. The Risk Retention Group should not conduct or transact business in this state until it has been notified that its registration is complete. The penalties provided for a violation of the above requirements are set out in Florida Statutes 627.951.

**APPLICATION FOR REGISTRATION AS A
RISK RETENTION GROUP**

(All information should be typed)

1. List the Corporate name of the Risk Retention Group.

(Name must include the phrase "Risk Retention Group")

List other names which the Risk Retention Group may be conducting business as, including d/b/a's.

2. The primary activity of this Risk Retention Group consists of assuming and spreading all, or any portion, of the liability exposure of its members.

(Circle One) YES NO

3. The Risk Retention Group is organized for the primary purpose of conducting the activity described under (2) above.

(Circle One) YES NO

4. The Risk Retention Group is chartered and licensed as a liability insurance company under the laws of the State of _____, and is authorized to engage in the following lines of insurance under the laws of its chartering State:

5. The Risk Retention Group does not exclude any person from membership in the Group solely to provide for members of the Group a competitive advantage over such a person.

(Circle One) YES NO

6. Ownership of the Risk Retention Group consists of one of the following in accordance with Section 627.942(9)(e), F.S. (check one):

(a) _____ the sole owners are all persons who comprise the membership of the group and who are provided insurance by the group; or

(b) _____ the sole owner of the Group is an organization which has as its members only persons who comprise the membership group, and its owners are only persons who comprise the membership of the group and who are provided insurance by the group.

7. This Risk Retention Group is comprised of members who are engaged in the following described business or activities, which are similar or related with respect to the liability to which such members are exposed by virtue of related, similar, or common business, trade, product, services, premises, or operations. Provide a detailed description of business or activities engaged in by group membership which coverage is provided (Attach additional page(s) if necessary):

**APPLICATION FOR REGISTRATION AS A
RISK RETENTION GROUP**

8. List the name, address and telephone number of each officer/director of the Risk Retention Group and the key officer or staff person (not an employee of the group's management company) responsible for overseeing "hands on management" of the group. (Attach additional pages if necessary.):

- 8A. List the name of the individual, address, and telephone number of the company responsible for management of the insurance operations of this Risk Retention Group. (If none, answer none.)

- 8B. List the name, address, and telephone number of the principal agent or broker responsible for marketing the group's insurance policies. (If none, answer none.)

9. The activities of the Risk Retention Group do not include the provision of insurance other than:

- (a) liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its group members; and
- (b) reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or a member of such other Risk Retention Group) engaged in business or activities which qualify such other Risk Retention Group (or member) under item (6) above for membership in this group.

10. The Risk Retention Group will comply with the unfair claim settlement practices laws of this state.

(Circle One) YES NO

11. The Risk Retention Group will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on such group under the laws of this state.

(Circle One) YES NO

- 11A. List the name, address and phone number of the company or individual responsible for payment of these fees.

NAME	ADDRESS	PHONE NUMBER
------	---------	--------------

12. The Risk Retention Group has designated the Chief Financial Officer of this State to be its agent solely for the purpose of receiving service of legal documents or process.

(Circle One) YES NO

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

13. The Risk Retention Group will submit to examination by the Insurance Commissioner of this State to determine the Group's financial condition, if:
- (a) The Insurance Commissioner (Director, Superintendent) of the Group's domicile State has not begun or has refused to initiate an examination of the Group; and
 - (b) any such examination by the Insurance Commissioner of this State is coordinated so as to avoid unjustified duplication and unjustified repetition.
14. The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Insurance Commissioner of this State upon a finding of financial impairment, or in a voluntary dissolution proceeding.
- (Circle One) YES NO
15. The Risk Retention Group will comply with the laws of Florida concerning deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction.
- (Circle One) YES NO
16. The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Insurance Commissioner of this State alleging that the Group is in hazardous financial condition or is financially impaired.
- (Circle One) YES NO
17. The Risk Retention Group will provide the following notice, in 10-point type, in any insurance policy issued by the Group:
- (Circle One) YES NO

NOTICE

This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your Risk Retention Group.

18. The Risk Retention Group has submitted to the Insurance Commissioner of this State, as part of this application and before it has offered any insurance in this state, a copy of the plan of operation or feasibility study which it has filed with the Insurance Commissioner (Director, Superintendent) of its chartering state. This plan or study discloses the name of the state in which the group is chartered, as well as the group's principal place of business, and such plan or study further includes the coverages, deductibles, coverage limits, rates, and rating classification systems for each line of insurance the group intends to offer. The group will promptly submit to the Insurance Commissioner of this State any revisions of such plan or study to reflect any changes to the plan including, but without limitation, additional lines of liability insurance which the group intends to offer, and any changes in the designation of the group's chartering state.
- (Circle One) YES NO
19. The Risk Retention Group will submit its annual financial statement to the Insurance Commissioner of this State by March 1st each year. The annual financial statement will be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist.
- (Circle One) YES NO

**APPLICATION FOR REGISTRATION AS A
RISK RETENTION GROUP**

20. The Risk Retention Group will not solicit or sell insurance to any person in this state who is not eligible for membership in the group.

(Circle One) YES NO

21. The Risk Retention Group will not solicit or sell insurance in this state, or otherwise operate in this state, if the group is financially impaired or is in a hazardous financial condition.

(Circle One) YES NO

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

President or Chief Executive Officer

(Corporate Seal)

Secretary

Sworn before me this ____ day of _____, 20 ____.

NOTARY PUBLIC

STATE OF:
My commission Expires:

**APPLICATION FOR REGISTRATION AS A
RISK RETENTION GROUP
ADDENDUM**

To further notify the Office of Insurance Regulation of your intention to act as a Risk Retention Group in Florida under the provisions of the 1986 Federal Liability Risk Retention Act and applicable Florida Statutes, please respond to the following:

1. The Federal Identification Number of the Risk Retention Group is _____.
(According to IRS Form SS-4 (Rev 4-91)). The following must use FEIN's even if they do not have any employees: Trusts, Estates, Partnerships, Corporations, Nonprofit Organizations, and Plan Administrators.)
2. The name and social security numbers of Florida licensed agents (or those persons who will, in the near future, become Florida licensed agents) of the Group are as follows: (Use additional page if necessary.)

Name and address

Social Security Number

3. The Group will participate, on a non-discriminatory basis, in any mechanism established or authorized under the laws of Florida for the equitable apportionment among insurers of liability insurance losses and expenses incurred on policies written through such mechanism.

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

(Corporate Seal

President or Chief Executive Officer

Date

Secretary

Date

Sworn before me this _____ day of _____, 20 _____.

NOTARY PUBLIC

STATE OF:

My commission Expires:

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

NAME: _____

Completion Check List

1. _____ Application for Registration as a Risk Retention Group
 - (a) All questions (1-21) are answered completely and correctly
 - (b) Registration signed and notarized
 - (c) Addendum to Registration as a Risk Retention Group is answered completely and correctly and is signed and notarized
2. _____ Service of Process Documents
 - (a) _____ Appointment of Attorney to Accept Service is answered completely and correctly
 - (b) _____ Resolution Form; signed by President/CEO and Secretary with Corporate Seal Affixed
3. _____ Articles of Incorporation of the RRG showing that it has been organized primarily for the purpose of assuming and spreading all, or any portion, of the liability exposure of it's group members
4. _____ Certified copy of the RRG's Certificate of Authority license issued by it's state of domicile authorizing it to transact business as an insurance company (Not a photocopy. Must bear original seal of state of domicile.)
5. _____ Plan of Operation or feasibility study which the Risk Retention Group has submitted to the insurance commissioner of its domicile state
6. _____ Audited Financial Statement and Loss Reserve certification which the Risk Retention Group has submitted to the Insurance Commissioner (Director or Superintendent) of it's chartering state
7. _____ Completed Check List returned with Risk Retention Group Notification

RETURN THIS COMPLETED FORM WITH YOUR REGISTRATION

STATE OF FLORIDA

DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The, _____ a Risk Retention Group (called the Group) duly organized under the laws of the State of _____, appoints the Chief Financial Officer of the State of Florida, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it which is served upon this attorney shall have the same legal validity as if served personally upon the Group.

The Group gives the Chief Financial Officer and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 3(a)(1)(d) of the Liability Risk Retention Act of 1986.

The Group designates (_____) whose
(an individual)
address is (_____) and e-mail
is (_____) as the person to
whom process against the Group served upon the Chief Financial Officer shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, said Group, in pursuant to a resolution duly adopted by it's Board of Directors, has caused this instrument to be executed in this manner by its President and Secretary, and its corporate seal to be affixed at the City of _____, State of _____.
This ____ day of _____, 20 ____.

Attest:

Secretary

(Name of Risk Retention Group)

By

(Corporate Seal)

President

RESOLUTION FORM

I HEREBY CERTIFY that the following resolution was adopted by the entire Board or Directors of:

at a meeting held by the Board of Directors of the Company on this ____ day of _____, 20__

"RESOLVED, that the President or Chief Executive Officer and Secretary of this corporation be and they are hereby authorized to execute, for and on behalf of this corporation, the attached Consent and Agreement in re Service of Process under the Laws of Florida."

President/CEO Date

Secretary Date

(Corporate Seal)