



Office of Insurance Regulation
Company Admissions

APPLICATION FOR ADVISORY ORGANIZATION

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.

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 ADVISORY ORGANIZATION

INSTRUCTIONS

SECTION I - APPLICATION FEES AND FORM

Section I-1 Application Fee

There is no application filing fee.

Section I-2 Application for Advisory Organization (Official Form Included With This Package)

This application form must be signed by an officer or authorized representative of the applicant (Form OIR-B1-PCR3).

APPLICATION FOR ADVISORY ORGANIZATION

SECTION II-LEGAL

Section II-1 Articles of Incorporation (or Agreement or Association)

Include in this section the applicant's Articles of Incorporation, Articles of Agreement or Articles of Association, including all amendments. The required filings must be recently certified by the official public records custodian in the applicant's state of domicile. The certification letter must be an original. (This item corresponds to item 10 of the Application for an Advisory Organization.) [s. 627.301(a) F.S.]

Section II-2 Certificate of Status from Florida Secretary of State

Provide a Certificate of Status document issued by the Florida Secretary of State which certifies that the corporation is authorized in this State and that all state taxes and fees have been paid. This certificate must be obtained from the Florida Secretary of State's office and be an original. (This item corresponds to item 11 of the Application for an Advisory Organization.)

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6052 or <http://www.sunbiz.org/>.

Section II-3 By-Laws, Constitution, or Rules and Regulations

Include a copy of the corporation's By-Laws, Constitution, and/or Rules and Regulations in this section. These documents must be signed and dated by the secretary of the corporation, stating that the documents are a true and correct copy. (This item corresponds to item 10 of the Application for an Advisory Organization.) [s. 627.301(1)(a) F.S.]

Section II-4 Certificate of Compliance (Foreign Applicants Only)

If applicable, provide a Certificate of Compliance issued by the public official having supervision in applicant's state of domicile showing that the company is organized and authorized to transact business. The certificate should be an original under seal by the organization's state of domicile. If not applicable, please state this in the application. (This item corresponds to item 12 of the Application for an Advisory Organization.)

Section II-5 Service of Process Form

Provide an executed Uniform Consent to Service of Process (Form OIR-C1-1524) under corporate seal and signed by the president or chief executive officer

APPLICATION FOR ADVISORY ORGANIZATION

and secretary. (This item corresponds to item 8 of the Application for an Advisory Organization.) [s. 627.301(1)(c) F.S.]

APPLICATION FOR ADVISORY ORGANIZATION

SECTION III - FINANCIAL AND RELATED INFORMATION

Section III-1 List of Members and Subscribers

Attach a list of the applicant's members and subscribers. (This item corresponds to item 15 of the Application for an Advisory Organization.) [s. 627.301(1)(b), F.S.]

Section III-2 Kinds of Insurance

Provide a completed Lines of Insurance form (Form OIR-C1-1416) indicating the kinds of insurance which the applicant is making application. (This item corresponds to item 9 of the Application for an Advisory Organization.)

APPLICATION FOR ADVISORY ORGANIZATION

SECTION IV - MANAGEMENT

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

Section IV-1 List of All Officers, Directors and Shareholders

- A. List the names and official positions of each officer, director, any person having direct or indirect control of the organization and each shareholder owning ten percent (10%) or more of voting securities of the applicant or any person having the right to acquire ten percent (10%) or more of the voting securities of the applicant (issued and outstanding warrants/options, etc.) on Form OIR-C1-1298. (This item corresponds to item 13 of the Application for an Advisory Organization.)
- B. If the applicant is a subsidiary of a parent or holding company, provide an organizational chart showing the relationship of all related companies.

Section IV-2 Biographical Affidavits for Officers and Directors

Provide a National Association of Insurance Commissioners (NAIC) biographical affidavit (Form OIR-C1-1423) for each officer and director listed in Section IV-1. All questions must be answered. (This item corresponds to item 14 of the Application for an Advisory Organization.)

Each biographical affidavit must be submitted to the Office containing an original signature and original notary seal. If, however, the biographical affidavits are currently on file with the Office and are not more than two (2) years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to Sections 119.072(1) and (9), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.072(9), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and

APPLICATION FOR ADVISORY ORGANIZATION

responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office.

APPLICATION FOR ADVISORY ORGANIZATION

CHECKLIST SECTION I - APPLICATION FEES AND FORM

Company Name: _____

<u>Item #</u>	<u>Completion Checklist</u>
1. Application Form (Form OIR-C1-PCR3)	<input type="checkbox"/>
(a) All blanks completed	<input type="checkbox"/>
(c) Signed by President or other authorized officer (original signature)	<input type="checkbox"/>

APPLICATION FOR ADVISORY ORGANIZATION

SECTION II - LEGAL

Company Name: _____

<u>Item #</u>	<u>Completion Checklist</u>
1. Articles of Incorporation/Agreement/Association and all Amendments	<input type="checkbox"/>
(a) Original certification by state of domicile	<input type="checkbox"/>
(b) Articles with all required amendments attached	<input type="checkbox"/>
2. Certificate of Status from Florida Secretary of State (original document)	<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.....	<input type="checkbox"/>
3. Corporate By-Laws, Rules and Regulations, and/or Constitution	<input type="checkbox"/>
(a) Signed and dated by corporation secretary	<input type="checkbox"/>
(b) Sealed by corporation	<input type="checkbox"/>

APPLICATION FOR ADVISORY ORGANIZATION

Section II – Legal (continued)

<u>Item #</u>		<u>Completion Checklist</u>
4.	Certificate of Compliance from state of domicile	<input type="checkbox"/>
	(a) Original certification from state of domicile	<input type="checkbox"/>
	(b) Form indicates authorized to transact business	<input type="checkbox"/>
5.	Service of Process Form (Form OIR-C1-1524).....	<input type="checkbox"/>

APPLICATION FOR ADVISORY ORGANIZATION

SECTION III - FINANCIAL AND RELATED INFORMATION

Company Name: _____

<u>Item #</u>	<u>Completion Checklist</u>
1. List of Members and Subscribers.....	<input type="checkbox"/>
2. Kinds of Insurance (Form OIR-C1-1416).....	<input type="checkbox"/>
(a) Lines of Insurance Form completed.....	<input type="checkbox"/>

APPLICATION FOR ADVISORY ORGANIZATION

SECTION IV - MANAGEMENT

Company Name: _____

<u>Item #</u>	<u>Completion Checklist</u>
1. Listing of all officers, directors, and shareholders (including entities owning 10% or more of applicant) (Form OIR-C1-1298).	<input type="checkbox"/>
2. Organizational chart including all entities within the ultimate parent company structure	<input type="checkbox"/>
3. Biographical Affidavits for company officers and directors (Form OIR-C1-1423)	<input type="checkbox"/>

As to each biographical:

- | | |
|---|--------------------------|
| (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) Original of each affidavitsubmitted | <input type="checkbox"/> |
| (f) SSN on a separatepage..... | <input type="checkbox"/> |

APPLICATION FOR ADVISORY ORGANIZATION

OFFICER'S ATTESTATION TO APPLICATION

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 (Entity Name)_____, that he/she has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application package 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.

Signature of President, Secretary, or Treasurer

(Corporate Seal)

Print/Type Name

Print/Type Title

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, by

_____ as_ (name of person)
(type of authority, e.g. officer, trustee)

for _____
(company name)

(Signature of the Notary)

(Print/Type/ Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires: _____



OFFICE OF INSURANCE REGULATION
Company Admissions

APPLICATION FOR APPROVAL OF ADVISORY ORGANIZATION

Application is hereby made for an Advisory Organization in accordance with Section [627.301](#), Florida Statutes.

1. Name of Organization: _____
2. Name of Contact Person: _____
Email Address: _____
3. Organization Mailing Address: _____
Telephone Number: _____
4. Organization Home Address: _____
Telephone Number: _____
5. Organization Administrative Address: _____
Telephone Number: _____
6. Internet Website Address: _____
7. Federal I.D. Number: _____
8. The name and address of a resident of this State upon whom notice or orders of the Commissioner and/or Chief Financial Officer or processes affecting such Advisory Organization may be served. Attach a notarized Service of Process form under the Component titled "Uniform Consent to Service of Process" (Form OIR-C1-1524).
(Name): _____
(Address): _____
(Email): _____
9. The kind(s) of insurance which the Advisory Organization is making the application (attach a completed Lines of Insurance form under the Component titled "UCAA Lines of Insurance" (Form OIR-C1-1416)).

[Section 624.6011, F.S.](#)
10. Attach a copy of the Advisory Organization's constitution, articles of incorporation, articles of agreement or of association, and bylaws or rules and regulations governing the conduct of business as an Advisory Organization, certified by the custodian of the originals under the appropriately named Component(s).
11. Attach a Certificate of Status from the Florida Department of State, Division of Corporations under the Component titled "Certificate of Status". <http://sunbiz.org/>

12. Attach a Certificate of Compliance issued by the public official having supervision in applicant's state of domicile showing applicant is organized and authorized to transact business under the Component titled "Certificate of Compliance". The certificate should be an original under seal by the organization's state of domicile. If not applicable, indicate so.
13. Attach a list of the current officers/directors and shareholders owning ten percent (10%) or more of the Advisory Organization under the Component titled "Management Information Form (Applicant)" (Form OIR-C1-1298).
14. Attach a Biographical Affidavit for each officer/director listed in item thirteen (13) above under the Component titled "Biographical Affidavit" (Form OIR-C1-1423).
15. Attach a list of members or subscribers to the Advisory Organization under the Component titled "List of Members and Subscribers".
16. The (Name of Applicant) _____ represents that they are qualified to do business as an Advisory Organization for the kind(s) of insurance requested in item nine (9) above, and have attached a statement detailing a history of the organization, its managerial experience, a description of the services to be provided, its disaster preparedness plan, and any other information deemed pertinent to demonstrate ability to the organization to successfully operate in this state. Attach under the Component titled "Plan of Operation".

Organization Official

Title