

**CHAPTER 690-199**  
**HOME WARRANTY ASSOCIATIONS**

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**69O-199.001 Purpose and Scope.**

~~The purpose of this rule chapter is to implement the provisions of chapter 634, part II, F.S., to regulate the issuance of a license and the operation of Home Warranty Associations as provided therein.~~

*Rulemaking Authority 634.302 FS. Law Implemented 634, Part II FS. History—New 7-15-90, Formerly 4-118.001, 4-199.001, Repealed.*

**69O-199.005 Financial Requirements Regarding the Funded, Unearned Premium Reserve Account.**

(1)(a) “Gross premium” means the total amount of premium paid by the consumer, inclusive of commissions.

(b) “Gross Written Premiums” means the total amount of premiums paid by the consumer, inclusive of commissions for which the association is obligated.

~~(c)(b)~~ “Obligated” means outstanding warranties in force which have not expired or been canceled and a refund made to the consumer.

(2)(a) Written contracts are required on all sales made between the home warranty association and the consumer.

(b) The serially numbered contract shall include:

1. The selling price to the ultimate consumer;
2. Issuing sales representative;
3. Date issued;
4. Name and street address of warranty holder;
5. Warranty period; and,
6. Other information pertinent to the transaction.

(c) Copies of all warranty contracts shall be maintained by the association for a period of at least four years after expiration of the contract. For purposes of records kept on computer file pursuant to section 634.3135, F.S., a single computer copy may be kept of any form that is uniformly distributed to contract holders, if that computer record exactly duplicates the form sent to all contract holders.

(3) Each home warranty association shall maintain a warranty register, which shall include at least the following items:

- (a) Contract number;
- (b) Date issued;
- (c) Issuing sales representative;
- (d) Name and street address of warranty holder;
- (e) Warranty period;
- (f) Net Premium;
- (g) Commission to sales representative; and,
- (h) Gross Premium.

~~(4) “Gross premium” means the total amount of premium paid by the consumer, inclusive of commissions.~~

~~(4)(5)~~ The unearned premium reserve account is calculated as follows: the minimum reserve for all home warranty associations shall be 25 percent of the gross written premium for which the association is obligated on all contracts, issued in this any state.

~~(5)(6)~~ The unearned premium reserve account shall be totally funded and identified at all times by unencumbered assets. Those prescribed assets funding the unearned premium reserve shall be clearly designated for this purpose and such reserve account must be a separate auditable account for contracts in force in this state.

~~(6)(7)~~ The ratios required by section 634.3077(2), F.S., are net assets to gross written premiums for which the association is obligated, wherever written, in any state, except that the ratio of net assets to gross written premiums may be less if the association has net assets of not less than \$500,000 and maintains a funded, unearned premium

reserve account equal to a minimum of 40 percent of the gross written premiums received by it from all warranty contracts in force in this state.

*Rulemaking Authority 634.302 FS. Law Implemented 634.3077 FS. History—New 7-16-92, Formerly 4-199.005, Amended \_\_\_\_\_.*

**690-199.008 Application for License and License Renewal. General Eligibility Requirements.**

Substantial rewording of Rule 690-199.008, F.A.C. follows. See Florida Administrative Code for present text.

**(1) Application for License as a Home Warranty Association**

**(a) An application for a person applying for a license as a home warranty association consists of the following:**

**1. Form OIR-C1-490, “Application for License Home Warranty Association,” effective 12/18, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**2. Form OIR-A3-455, “Home or Service Warranty Association Surety Bond,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**3. Form OIR-C1-144, “Service of Process Consent & Agreement,” effective 6/04, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**4. Form OIR-C1-905, “Instructions for Furnishing Background Investigative Reports,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**5. Form OIR-C1-938, “Fingerprint Payment and Submission Procedures,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**6. Form OIR-C1-969, “Contractual Liability Policy,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**7. Form OIR-C1-995, “List of Proposed Sales Representatives,” effective 10/05, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**8. Form OIR-C1-1423, “Biographical Affidavit,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX); and**

**9. Form OIR-C1-2221, “Management Information Form,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX).**

**(b) A person applying for a license as a home warranty association shall submit the forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.flor.com/iportal>.**

**(2) Annual License Renewal**

**(a)1. All home warranty association licenses shall expire on June 1.**

**2. Failure to submit the application for continuance by June 1 shall result in expiration of the license and will require the filing of a new application for licensure.**

**(b) A licensee seeking to continue operating as a home warranty association shall submit the following:**

**1. Form OIR-A3-1073, “Application for Renewal of License Home Warranty Association,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX), filed electronically at <https://www.flor.com/iportal> and**

**2. A fee of \$200.00 filed annually in conjunction with the June 1 filing of the Annual Statement.**

**(c) Any licensee who fails to renew a home warranty association license shall immediately cease and desist from engaging in the home warranty business in the state of Florida. The home warranty association shall honor those home warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.**

**(1) Biographical statements (Form OIR-422 as adopted in rule 690-199.015, F.A.C., on the following persons shall be included in the application for a Certificate of Authority (COA):**

**(a) Persons who own or control in excess of five percent of the outstanding stock of the home warranty association;**

**(b) Members of the board of directors of the home warranty association;**

**(c) All officers who are identified in section 634.306, F.S., and any other individuals who have policy decision making authority;**

**(d) All officers and directors of any parent corporation or corporations of the home warranty association, if parent exists; and,**

**(e) All officers and directors of any external management company contracted with the home warranty**

association, if management company exists, pursuant to paragraph (1)(c), above.

(2) This requirement also applies to individuals who, subsequent to the date of application for a COA, become associated with a home warranty association and meet any of the qualifications listed in paragraphs (1)(a) through (1)(e), above.

(3) Home warranty associations are required to notify the Office in writing within 15 days of any new officers, directors, or stockholders owning 5% or more of the outstanding voting securities of the home warranty association.

(4) Home warranty associations are required to notify the Office in writing within 15 days of any change in the corporate name, business name, trademark, or emblem of the association.

(5) All filings shall be submitted electronically to <http://www.flor.com/iportal>.

*Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.304, 634.306, 624.307, 634.3073, 634.315 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.008, Amended 7-30-17, \_\_\_\_\_.*

**690-199.010 License Renewal.**

~~(1)(a) All home warranty association licenses shall expire on June 1.~~

~~(b) The qualified license holder shall file for renewal of its license on the form prescribed by the Office.~~

~~(c) The renewal form and a fee of \$200.00 shall be received by the Office annually at least 30 days prior to June 1 of each year. All filings shall be submitted electronically to <http://www.flor.com/iportal>.~~

~~(d) Failure to submit the application for renewal by June 1 shall result in expiration of the license, and will require the filing of a new application for licensure.~~

~~(2)(a) Any licensee who fails to renew said license shall immediately cease and desist from engaging in the Home Warranty business in the State of Florida.~~

~~(b) The association shall honor those warranty contracts in force until date of expiration or date of cancellation, with a refund made to the consumer, provided by written contract.~~

*Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.307 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.010, Amended 7-30-17, Repealed \_\_\_\_\_.*

**690-199.012 Annual Statement.**

(1)(a) An Annual Statement Report shall be filed with the Office of Insurance Regulation, on or before March 1 of each year, on Form OIR-A3-491, “Annual Statement for Home Warranty Association,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX). The filings shall be submitted electronically via the Office’s system at <https://www.flor.com/iportal>, on the form prescribed by the Office in rule 690-199.015, F.A.C.

(b) If the Annual Statement statement does not include all information requested in the format provided, it will not be deemed filed until all deficiencies are corrected.

(2) A late filing fee will be assessed in accordance with rule chapter 690-207, F.A.C., for each company that has not filed a complete Annual Statement annual statement in accordance with this rule.

(3)(a) Any request for an extension of filing the Annual Statement annual report shall be in writing and the reason(s) for the extension explained in detail.

(b) All requests for extension must be filed with the Office fifteen (15) days prior to the deadline date for filing the annual report.

(c) Any request for extension request received less than fifteen (15) days prior to due date will be denied except for unavoidable circumstances, which include ~~for example~~:

- 1. Death of key personnel; or
- 2. Destruction of records by fire, hurricane, or other natural disasters.

~~(4) All filings shall be submitted electronically at <http://www.flor.com/iportal>.~~

*Rulemaking Authority 634.302 FS. Law Implemented 624.307(1), 624.424, 634.313 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.012, Amended 7-30-17, \_\_\_\_\_.*

**690-199.015 Forms Incorporated by Reference.**

(1) The following forms are incorporated into this rule chapter by reference to implement the provisions of chapter 634, part II, F.S.:

Title	Form Number
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(a) Application for License Home Warranty Association	OIR C1 490 <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref_08297">http://www.flrules.org/Gateway/reference.asp?No=Ref_08297</a> (12/05)
(b) Annual Report	OIR A3 491 <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref_08300">http://www.flrules.org/Gateway/reference.asp?No=Ref_08300</a> (03/91)
(c) Statement of Acquisition, Merger or Consolidation of A Specialty Insurer Pursuant to sections 628.461, 628.4615, F.S.	OIR C1 448 (12/05)
(d) Consent and Agreement in Re: Service of Process	OIR C1 144 (11/90)
(e) Authority to Release Information	OIR C1 450 (08/91)
(f) Biographical Statement and Affidavit	OIR 422 (11/90)
(g) Abbreviated Biographical Statement	OIR 449 (01/91)
(h) Home Warranty Bond	OIR 455 (01/89)
(i) Certification of Filing Annual Tax on Premiums and Assessment	OIR 440 (12/89)
(j) Resolution Form	OIR 514 (11/90)
(k) Renewal Notice	OIR 1073 (04/92)

(2) Forms are available at <http://www.floir.com/iportal>.

*Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.306, 634.3073, 634.3077, 634.313, 634.315 FS. History—New 7-15-90, Formerly 4-118.015, Amended 7-16-92, Formerly 4-199.015, Amended 7-30-17, Repealed*



**Office of Insurance Regulation**  
**Specialty Product Administration**

Bond No: \_\_\_\_\_

**HOME OR SERVICE WARRANTY ASSOCIATION SURETY BOND**

**KNOW ALL MEN BY THESE PRESENTS, THAT** \_\_\_\_\_  
\_\_\_\_\_ AS PRINCIPAL, (Hereinafter referred to as "the Principal")  
and \_\_\_\_\_ AS SURETY, (Hereinafter  
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of  
Insurance Regulation of Florida, and his successors in office, the sum of \_\_\_\_\_  
\_\_\_\_\_ ( \$ \_\_\_\_\_ .00) lawful money of the United States, to the payment  
whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and  
representatives.

This bond will be effective on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_ \_\_, at 12:01 a.m.

**THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS**, by virtue of  
Chapter 634, Florida Statutes, the above bounden, the Principal herein named, is required to make a  
deposit of \$ \_\_\_\_\_ .00 in cash or approved securities with the Commissioner or a  
surety bond in the amount of \$ \_\_\_\_\_ .00 of a surety company authorized to do  
business in the State of Florida, said bond and company to be approved of by said Commissioner to  
assure the faithful performance of the principal's obligations to its members or subscribers assumed in  
the State of Florida while this bond is in effect:

**AND WHEREAS**, the above bounden, the Principal herein named has elected to give such surety  
bond with the Surety above named;

**NOW, THEREFORE**, if the said Principal named herein shall faithfully perform its obligations to its  
members or subscribers, and shall pay each, every and all of its liabilities to its members or subscribers  
in the State of Florida after the said liabilities shall have been adjusted between the Principal and its  
members or subscribers in the mode prescribed by the contract between the Principal and its members  
or subscribers, if a mode be prescribed, or by judgement, order or decree of a Court having jurisdiction  
of the subject, and shall fully and faithfully respond to and settle all said obligations to its members or  
subscribers arising from contracts effectuated while this bond is in effect and resting upon it by virtue  
of its said contracts with its members or subscribers, or imposed upon it by the laws of the State of  
Florida, then and in that event this bond shall be null and void.

**IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE  
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED  
UNTIL AFTER 60 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED  
SUCH CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY  
FOR CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF  
THE BOND.**

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.

Signed and sealed in the presence of:

\_\_\_\_\_  
WITNESS

By: \_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SECRETARY

NOTE: Attach to this bond a properly certified copy of the Agent's Power of Attorney

Executed at \_\_\_\_\_, Florida  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.  
By: \_\_\_\_\_  
Florida Resident Agent of Surety Company

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

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**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**ANNUAL  
STATEMENT FOR  
HOME  
WARRANTY  
ASSOCIATION  
OF THE**

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(Home Warranty Association)

**TO THE  
OFFICE OF INSURANCE REGULATION  
OF THE  
STATE OF FLORIDA**

Specialty Product Administration  
200 East Gaines Street  
Tallahassee, FL 32399 - 0331

**FOR CALENDAR YEAR ENDED**

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**DUE ON OR BEFORE  
MARCH 1 EACH YEAR**

**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this statement will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this statement, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the statement page. This will highlight the fields where you may enter data.
7. The statement form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this statement. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your statement form is uploaded as a "Completed" document to your Component List; this does not submit the statement to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.



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

Year Ending: \_\_\_\_\_

**STATEMENT**

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: \_\_\_\_\_  
Company FEIN: \_\_\_\_\_ Florida Company Code: \_\_\_\_\_ Period Ending Date: \_\_\_\_\_  
State and Date of Incorporation/Organization: (State/Prov): \_\_\_\_\_ (Date): \_\_\_\_\_  
Date Licensed by the Office of Insurance Regulation: \_\_\_\_\_ (Date): \_\_\_\_\_  
Date Commenced Business: \_\_\_\_\_ (Date): \_\_\_\_\_

**Address of Home Office:**

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Address of Main Administrative Office:**

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mailing Address:**

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Records Location (if different than Main Office):**

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**Address of Principle Florida Office:**

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Website:** \_\_\_\_\_

Type of entity (check one)  Corporation - For profit  Sole proprietorship  
 Corporation - Not for profit  Limited liability company  
 Partnership  Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Contact Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**OFFICERS / DIRECTORS / MEMBERS**  
Show full name (initials not acceptable)

Chief Executive Officer \_\_\_\_\_  
President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer / Chief Financial Officer \_\_\_\_\_  
Chairman of the Board \_\_\_\_\_  
Directors / Members

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

\_\_\_\_\_, President, \_\_\_\_\_, Secretary,  
and \_\_\_\_\_, Chief Financial Officer (or corresponding person having charge of the  
financial records of the licensee), of the \_\_\_\_\_ being duly sworn

each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting  
period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims  
thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein  
contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said  
licensee as of the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me by \_\_\_\_\_ means of  physical presence or  online notarization, \_\_\_\_\_ President/Owner  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Secretary

Notary Public: \_\_\_\_\_ Treasurer/CFO

Commission Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

[Print this page](#)

Company Name:

Year Ending:

**BALANCE SHEET  
ASSETS**

	December 31	
	Current Year	Last Year
<b>CURRENT ASSETS:</b>		
1. Cash on Hand and on Deposit (Schedule A - Page 7)	_____	_____
2. Investments (Schedule B - Page 8)	_____	_____
3. Receivables (Schedule C - Page 9)	_____	_____
Allowance for Doubtful Accounts	( _____ )	( _____ )
4. Prepaid Expenses	_____	_____
5. Inventories	_____	_____
6. Other Current Assets (Schedule D - Page 10)	_____	_____
<b>7. Total Current Assets</b>	_____	_____
<b>NON-CURRENT ASSETS:</b>		
8. Investments (Schedule B - Page 8)	_____	_____
9. Receivables (Schedule C - Page 9)	_____	_____
Allowance for Doubtful Accounts	( _____ )	( _____ )
10. Deferred Acquisition Expenses (Attach Details)	_____	_____
11. Deferred Expenses	_____	_____
12. Intangible Assets	_____	_____
13. Other Non-Current Assets (Schedule D - Page 10)	_____	_____
<b>14. Total Non-Current Assets</b>	_____	_____
<b>FIXED ASSETS (NET OF ACCUMULATED DEPRECIATION)</b>		
15. Real Estate Owned	_____	_____
16. Automobiles	_____	_____
17. Office Equipment & Furniture	_____	_____
18. Leasehold Improvements	_____	_____
19. Other Fixed Assets (Schedule D - Page 10)	_____	_____
<b>20. Total Fixed Assets (Net of Accumulated Depreciation)</b>	_____	_____
<b>21. Total Assets</b>	_____	_____
22. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	( _____ )	( _____ )
<b>23. TOTAL ADMITTED ASSETS</b>	_____	_____

Company Name:

Year Ending:

**BALANCE SHEET  
LIABILITIES AND STOCKHOLDERS' EQUITY**

	December 31	
	Current Year	Last Year
<b>LIABILITIES:</b>		
1. Accounts Payable	_____	_____
2. Commissions Payable	_____	_____
3. Taxes Payable	_____	_____
4. Current Portion of Notes Payable (Schedule F - Page 12)	_____	_____
5. Accrued Interest Payable	_____	_____
6. Claims Payable / Reserve		
a. Motor Vehicle Warranty (F.S. 634, Part I)	_____	_____
b. Home Warranty (F.S. 634, Part II)	_____	_____
c. Service Warranty (F.S. 634, Part III)	_____	_____
7. Other Current Liabilities (Schedule G - Page 14)	_____	_____
<b>8. Total Current Liabilities</b>	_____	_____
9. Reserve for Unearned Premium		
a. Motor Vehicle Warranty (F.S. 634, Part I)	_____	_____
b. Home Warranty (F.S. 634, Part II)	_____	_____
c. Service Warranty (F.S. 634, Part III)	_____	_____
10. Long Term Portion of Notes Payable (Schedule F - Page 12)	_____	_____
11. Other Long Term Liabilities (Schedule G - Page 13)	_____	_____
<b>12. Total Long Term Liabilities</b>	_____	_____
<b>13. Total Liabilities</b>	_____	_____
<b>STOCKHOLDERS' EQUITY:</b>		
14. Common Stock	_____	_____
15. Preferred Stock	_____	_____
16. Additional Paid-in Capital	_____	_____
17. Retained Earnings (Line 17 - Page 6)	_____	_____
18. Less Treasury Stock	( _____ )	( _____ )
19. Other (Attach Detail)	_____	_____
<b>20. Total Stockholders' Equity</b>	_____	_____
<b>21. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY</b>	_____	_____
22. Total Stockholders' Equity (Line 20 above)	_____	_____
23. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	( _____ )	( _____ )
24. Statutory Net Worth	_____	_____

Company Name:

Year Ending:

**STATEMENT OF OPERATIONS AND RETAINED EARNINGS**

	December 31	
	Current Year	Last Year
<b>INCOME:</b>		
1. Premiums Earned		
a. Motor Vehicle Warranty (F.S. 634, Part I)	_____	_____
b. Home Warranty (F.S. 634, Part II)	_____	_____
c. Service Warranty (F.S. 634, Part III)	_____	_____
2. Total Net Investment Income Earned:		
a. Net Income Earned on all Reserves	_____	_____
b. Net Income Earned on Other Investments	_____	_____
3. Net Realized Capital Gains (or Losses)	_____	_____
4. Other Income (Attach Schedule)	_____	_____
<b>5. Total Income</b>	_____	_____
<b>EXPENSES:</b>		
6. Claims		
a. Motor Vehicle Warranty (F.S. 634, Part I)	_____	_____
b. Home Warranty (F.S. 634, Part II)	_____	_____
c. Service Warranty (F.S. 634, Part III)	_____	_____
7. Commissions to Agents	_____	_____
8. General Expenses (Attach Schedule)	_____	_____
<b>9. Total Expenses</b>	_____	_____
10. Net Gain (or Loss) from operations before Federal and State Income Taxes and Extraordinary Item(s)	_____	_____
11. Extraordinary Item(s) (Attach Schedule)	_____	_____
12. Federal and State Income Taxes	_____	_____
<b>13. Net Gain (or Loss) from Operations</b>	_____	_____
14. Retained Earnings, December 31, Previous Year	_____	_____
15. Other (Attach Details)	_____	_____
16. Less Dividends to Stockholders	( _____ )	( _____ )
<b>17. RETAINED EARNINGS</b> (Enter on Line 17, Page 5)	_____	_____

Company Name:

Year Ending:

**SCHEDULE A  
CASH ON HAND AND ON DEPOSIT**

Check if Not Applicable

Place a check in the column marked with an asterisk (\*) to designate if all or any part of the deposit balance is assigned as collateral for a loan or is otherwise restricted. Attach a supporting statement marked Exhibit A-1, describing the nature of the restriction.

Name of Depository (List All Accounts Even If Closed During Period)	*	Balance as of
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<b>Total Cash On Deposit:</b>	
	<b>Cash On Hand (Petty Cash):</b>	
	<b>TOTAL (Line 1, Page 4):</b>	

Totals of Depository Balances (Demand and Time) as of the Last Day of Each Month During the Current Year

Month	Balance	Month	Balance	Month	Balance	Month	Balance
JAN		APR		JUL		OCT	
FEB		MAY		AUG		NOV	
MAR		JUN		SEP		DEC	

**SCHEDULE B  
INVESTMENTS**

Place a check in the column marked with an asterisk (\*) if this investment represents reserve funds invested. Show all stocks, bonds, debenture bonds, collateral or mortgage notes owned and list in the order of their maturity. If stocks and bonds are not traded on one of the major exchanges or over-the-counter, then sufficient information should be given so that the investments may be verified. Collateral and mortgage notes owned should also reflect sufficient data for confirmation. If investment is on deposit with the Department, indicate with a check in the column marked with a number sign (#).

Description	Maturity Date or Number of Shares	*	#	Market Value	Original Cost
<b>Current:</b>		<input type="checkbox"/> Check if Not Applicable			
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Total Current (Line 2, Page 4):</b>					
<b>Non-Current:</b>		<input type="checkbox"/> Check if Not Applicable			
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Total Non-Current (Line 8, Page 4):</b>					
<b>TOTAL INVESTMENTS:</b>					

Company Name:

Year Ending:

**SCHEDULE C  
RECEIVABLES**

Place a check in the column marked with an asterisk (\*) on all receivables which are past due over 90 days. Under **Description / Name of Debtor**, identify if the Debtor is an **Affiliate, Director, Officer, Share Holder, or Employee / Salesperson**.

Description / Name of Debtor	*	Security / Nature of Debt	Balance
<b>Current:</b>		<input type="checkbox"/> Check if Not Applicable	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		<b>Total Current (Line 3, Page 4):</b>	
<b>Non-Current:</b>		<input type="checkbox"/> Check if Not Applicable	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		<b>Total Non-Current (Line 9, Page 4):</b>	
		<b>TOTAL RECEIVABLES:</b>	

Company Name:

Year Ending:

**SCHEDULE D  
OTHER ASSETS  
(Net of Accumulated Depreciation)**

Identify as current, non-current, or fixed where appropriate. Place a check in the column marked with an asterisk (\*) if all or any part of the asset is assigned as collateral for a loan or is otherwise restricted.

Name	Nature of Asset	*	Balance
<b>Other Current Assets:</b>		<input type="checkbox"/>	Check if Not Applicable
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>Total Other Current Assets (Line 6, Page 4) :</b>			
<b>Non-Current Assets:</b>		<input type="checkbox"/>	Check if Not Applicable
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>Total Other Non-Current Assets (Line 13, Page 4):</b>			
<b>Other Fixed Assets:</b>		<input type="checkbox"/>	Check if Not Applicable
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>Total Other Fixed Assets (Line 19, Page 4):</b>			
<b>TOTAL OTHER ASSETS:</b>			



Company Name:

Year Ending:

**SCHEDULE E  
NON-ADMITTED ASSETS**

1.	Notes, Accounts Receivables or Advances:		
a.	From Affiliates	_____	
b.	From Controlling Stockholder / Ownership Interest	_____	
c.	From Directors / Officers	_____	
d.	From Employees / Salesmen	_____	
e.	From Others	_____	
	<b>Total (Line 1, entries a through e):</b>		_____
2.	Fixed Assets costing less than \$200 each or amortized longer than five years		_____
3.	Leasehold Improvements in excess of Statute authorization		_____
4.	Investments:		
a.	In Subsidiaries	_____	
b.	In Affiliates of Parent / Ultimate Parent	_____	
	<b>Total (Line 4, entries a and b):</b>		_____
5.	Prepaid Expenses in excess of Liquidation Value		_____
6.	Deferred Expenses		_____
7.	Intangible Assets:		
a.	Goodwill	_____	
b.	Franchises	_____	
c.	Customer Lists	_____	
d.	Patents or Trademarks	_____	
e.	Agreements not to Compete	_____	
f.	Others (Identify) _____	_____	
	<b>Total (Line 7, entries a through f):</b>		_____
8.	Any Other asset pledged as collateral or otherwise restricted		_____
9.	Other Assets not allowed by Statute (Identify)		
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	<b>Total (Line 9, all entries):</b>		_____
<b>10.</b>	<b>TOTAL NON-ADMITTED ASSETS</b> (Line 22, Column 1, Page 4 and Line 23, Page 5)		_____

Company Name:

Year Ending:

**SCHEDULE F  
NOTES PAYABLE**

Place a check in the column marked with an asterisk (\*) to designate Notes due to Affiliates, Directors, Officers, or Controlling Shareholder / Interest.

Description			Balance
<b>Current Portion of Notes Payable:</b>	<input type="checkbox"/> Check if Not Applicable	*	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>Total Current Portion of Notes Payable (Line 4, Page 5):</b>			
<b>Long-Term Portion of Notes Payable:</b>	<input type="checkbox"/> Check if Not Applicable	*	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>Total Long-Term Portion of Notes Payable (Line 10, Page 5):</b>			
<b>TOTAL NOTES PAYABLE:</b>			

Company Name:

Year Ending:

**SCHEDULE G  
OTHER LIABILITIES**

Name	Nature of Liability	Balance
<b>Other Current Liabilities:</b>	<input type="checkbox"/> Check if Not Applicable	
<b>Total Other Current Liabilities (Line 7, Page 5):</b>		
<b>Other Long-Term Liabilities:</b>	<input type="checkbox"/> Check if Not Applicable	
<b>Total Other Long-Term Liabilities (Line 11, Page 5):</b>		
<b>TOTAL OTHER LIABILITIES:</b>		

Company Name:

Year Ending:

**SCHEDULE H  
FUNDED UNEARNED PREMIUM RESERVE  
Chapter 634, Florida Statutes**

List all assets used to meet the Unearned Premium Reserve requirement(s) for any warranty license(s) held by the Licensee. The reserve is required to be funded with unencumbered assets. The assets shall be held as prescribed under Chapter 625.301 - 625.340, Florida Statutes. (Attach additional pages, if needed.) Please identify any assets on deposit with the Department of Financial Services, Division of Treasury, Bureau of Collateral Management with check in the column marked with an asterisk (\*).

Description of Asset	Maturity or Number of Shares	*	Market Value	Original Cost
<b>Motor Vehicle Service Agreement Company</b>		<input type="checkbox"/>	Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
<b>MOTOR VEHICLE SERVICE AGREEMENT COMPANY RESERVES:</b>				
<b>Home Warranty Association</b>		<input type="checkbox"/>	Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
<b>HOME WARRANTY ASSOCIATION RESERVES:</b>				
<b>Service Warranty Association</b>		<input type="checkbox"/>	Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
<b>SERVICE WARRANTY ASSOCIATION RESERVES:</b>				
<b>TOTAL RESERVES:</b>				

**EXHIBIT I  
Premiums Written and Premiums Earned**

1. Premiums Written, Current Year	_____
2. Other Fees and Charges	_____
3. Unearned Premiums at End of Prior Year	_____
4. Unearned Premiums at End of Current Year	( _____ )
5. Other (Explain) _____	_____
6. Premium Earned (Sum of Lines 1 through 5)	_____ *

\* Must agree with Line 1b, Column 1, Page 6

**EXHIBIT II  
Premium to Asset Ratio**

1. Premiums in Force at End of Current Year (From Exhibit IV, Line 5, Column b, Page 17)	_____
2. Total Net Assets (From STATUTORY NET WORTH, Line 24, Page 6)	_____
<b>3. Minimum Net Assets Required = Premiums in Force / 6 (Line 2 must be greater than or equal to Line 1 divided by 6)</b>	_____
4. If Line 2 is Less than Line 3, the difference must be infused to correct the net worth deficiency:	_____

**EXHIBIT III  
Claims**

	(a) Number of Contracts	(b) Amount of Claims	(c) Average Amount of Claims**
1. Claims Paid for Current Year	_____	_____	_____
2. Claims Reported but Not Paid for Current Year	_____	_____	_____
3. Claims Incurred but Not Reported	_____	_____	_____
<b>4. Total Current Year Claims Expense</b> (* Must agree with Line 6b, Column 1, Page 6)	_____	_____ *	_____
5. Claims Paid for the Prior Year	_____	_____	_____
6. Claims Incurred But Not Reported, for the Prior Year	_____	_____	_____
7. Other (Explain)	_____	_____	_____

\*\* Column (c) = Column (b) / Column (a)

Company Name:

Year Ending:

**EXHIBIT IV**  
**Summary of Business Written in All States, Including FLORIDA**  
 (Accrual Basis)

	(a) Number of Contracts	(b) Premium Amount	(c) Statutory Reserves
1. In-Force at End of Prior Year	_____	_____	_____
2. Issued During Current Year	_____	_____	
3. Cancellations & Refunds During Current Year	( _____ )	( _____ )	
4. Expirations During Current Year	( _____ )	( _____ )	
5. In-Force at End of Current Year	_____	_____	_____ *

Columns (a) & (b): 1+2-3-4=5; Column (c) must be at least 25% of Column (b)

\* Must agree with Line 9b, Page 5

**EXHIBIT V**  
**Summary of Business Written - FLORIDA Only**  
 (Accrual Basis)

	(a) Number of Contracts	(b) Premium Amount	(c) Statutory Reserves
1. In-Force at End of Prior Year	_____	_____	_____
2. Issued During Current Year	_____	_____	
3. Cancellations & Refunds During Current Year	( _____ )	( _____ )	
4. Expirations During Current Year	( _____ )	( _____ )	
5. In-Force at End of Current Year	_____	_____	_____

**EXHIBIT VI**  
**Summary of Premiums & Assessments Received - FLORIDA Only**  
 (Cash Basis)

	Amount Collected
1. Home Warranty Premiums Collected During Current Year	_____
2. Home Warranty Assessments Collected During Current Year	_____
3. Home Warranty Fees Collected During Current Year	_____
4. Cancellations & Refunds During Current Year	_____
5. Net Collections at End of Current Year <b>(Enter on OIR-A3-440)</b>	_____
6. Premium Tax Due (2% of Line 5) <b>(Enter on OIR-A3-440)</b>	<b>0</b>

Include as part of "Taxes Payable", Line 3, Page 5)

Company Name:

Year Ending:

**LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL**

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this statement period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.floir.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

### LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this statement period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>



Company Name:

Year Ending:

## SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final



Department of Financial Services  
 Office of Insurance Regulation – Specialty Product Administration

Licensee: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 \_\_\_\_\_

APPLICATION for  
 RENEWAL of LICENSE

HOME WARRANTY ASSOCIATION

For the period: 06/01/\_\_\_ \_\_ to 05/31/\_\_\_ \_\_

Federal Employer ID Number: \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_  
 FL Company Code: **70** \_\_\_ - \_\_\_ - \_\_\_

Due by May 31

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS HOME WARRANTY ASSOCIATION LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
 Name and Title Signature Date

\_\_\_\_\_  
 Name and Title Signature Date

**INSTRUCTIONS:**

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$200.00 made payable to: **Florida Department of Financial Services.**
2. Application must be signed by:
  - a. The owner or authorized representative, if a sole-proprietorship.
  - b. The president and secretary, if a corporation.
  - c. The managing or senior partner(s) or managing director(s), if a partnership or association.  
 (If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before May 31 by:

Florida Department of Financial Services  
 Revenue Processing Section  
 Post Office Box 6100  
 Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
<b>\$200.00</b>	<b>10</b>	<b>31</b>	<b>L</b>	<b>3002</b>

# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

Original Designation     Insurer Name Change     Merger / Acquisition     Update Delivery Information

Insurer or Company Name: \_\_\_\_\_  
Previous Name (If applicable): \_\_\_\_\_  
Home Office Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

FEI # \_\_\_\_\_ FL Company Code \_\_\_\_\_ Telephone # \_\_\_\_\_

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

<b>Designated Person to receive process:</b> _____	<b>E-Mail Address:</b> _____
	<b>Phone#:</b> _____ <b>Fax#:</b> _____
<b>Mailing Address:</b> _____	<b>Street Address:</b> _____
	_____
	_____
<b>Signature:</b> _____	
I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.	

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
President or CEO's Name (Typed or Printed)

SEAL

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



## **Florida Office of Insurance Regulation**

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### **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation ("Office").

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms 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 "Insurance Regulation Filing System (IRFS)" to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office by selecting iApply – Online Company Admissions at the following link:

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

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## INSTRUCTIONS

### SECTION I - APPLICATION FEES

#### Section I-1      **Application Fees**

Applicants must pay a license fee of \$200 U.S. Dollars ("USD"). This fee is due at the time the application packet is filed and is not refundable.

Secure your check to the Invoice on page 16 of this application and mail to:

Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

#### Section I-II      **Fingerprint Fees**

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## SECTION II - LEGAL

### **Section II-1           Articles of Incorporation**

Submit a copy of Applicant's Articles of Incorporation, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

### **Section II-2           Certificate of Status from State of Domicile**

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

### **Section II-3           Certificate of Status from Florida**

Submit a certificate of status from the Florida Secretary of State dated within the last year.

### **Section II-4           Company Bylaws**

Submit a copy of Applicant's Bylaws. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

### **Section II-5           Service of Process Consent and Agreement**

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

### **Section II-6           Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

### **Section II-7           Fictitious Name Filing**

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

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**Rule 690-199.008**

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## INSTRUCTIONS SECTION III – FINANCIAL

### **Section III-1      Financial Statements**

Applicant must submit complete financial statements that contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

### **Section III-2      Financial Requirements**

The applicant must comply with one of the following two options:

- (a) Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.3077(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable.
- (b) Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.3077(1), Florida Statutes. If the applicant has home warranties on its books at the time of application, provide a list of the assets funding the reserve.

### **Section III-3      Deposit**

Pursuant to Section 634.305, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of either:

- (a) a securities deposit of \$100,000 USD, or
- (b) a securities deposit of \$25,000 USD, as well as a surety bond for \$75,000 USD.

These deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services  
Bureau of Collateral Management  
Capitol Building – Room P-3  
Tallahassee, FL 32399-0345

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## APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

### Section III-4 Plan of Operations

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

- a. **History:** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this State as will tend to mislead or confuse the public, as required by Section 634.304 (3), Florida Statutes.

- b. **Organizational Chart:** Furnish complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.
- c. **Management:** Applicant should provide its home warranty experience in the areas of marketing, claims handling, accounting, and investments.
- d. **Products:** Applicant should give a description of each product it plans to market.
- e. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.
- f. **Forms:** Submit a copy of any proposed contract forms

### Section III-5 Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.



## **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

### **Section III-6 States Where Applicant is Currently Doing Business**

In this section, the applicant should provide a list of states in which it or affiliated companies conduct home warranty business.

### **Section III-7 Alphabetical List of Proposed Sales Representatives**

The applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## SECTION IV – MANAGEMENT

### **Section IV-1 Management Information Forms**

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

### **Section IV-2 Biographical Affidavits as to Officers, Directors, and Shareholders**

Provide a National Association of Insurance Commissioners ("NAIC") Biographical Affidavit (NAIC Form 11) for each individual listed in Section V-1. Applicant may omit individuals for those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit with an associated background report on file with the Office, and the Biographical Affidavit was signed and notarized within 2 years of the date of the Application being filed, a Biographical Affidavit and associated background report need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained.

Each Biographical Affidavit must be signed and notarized.

The affiant's social security number must be submitted to the Office. 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 to insure that the owners, management, officers, and directors of any entity regulated by the Office 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.

However, pursuant to Section 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, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

## **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

### **Section IV-3          Background Investigative Report**

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

### **Section IV-4          Fingerprint Cards**

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## CHECKLIST

### SECTION I - APPLICATION FORM & FEES

Applicant Name: \_\_\_\_\_

Federal Identification Number ("FEIN"): \_\_\_\_\_

Home Office Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

**Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.**

- 1. Application fee paid
  - a. Copy of invoice included
  - b. Copy of check
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation

**APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

**CHECKLIST**

**SECTION II – LEGAL**

- 1. Articles of Incorporation
  - a. Certified by public official
- 2. Certificate of Status from Domiciliary Jurisdiction (if applicable)
- 3. Certificate of Status from Florida
- 4. Company Bylaws
  - a. Certified by Secretary
- 5. Service of Process Form
- 6. Authorization Letter (if applicable)
- 7. Fictitious Name Filing (if applicable)

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## CHECKLIST

### SECTION III – FINANCIAL

#### 1. Financial Statements

- a. Balance Sheet
- b. Income Statement
- c. Statement of Cash Flows
- d. Certified by 2 Officers
- e. Not more than 12 months old
- f. Provided for Parent (as applicable)

#### 2. Financial Requirements (a **or** b)

- a. Executed Contractual Liability Policy, **or**
- b. A sworn statement to establish and maintain an unearned premium reserve
  - i. List of assets funding the reserve (if applicable)

#### 3. Securities Deposit (a **or** b)

- a. Securities deposit of \$100,000 USD; **or**
- b. Securities deposit of \$25,000 USD and Surety Bond for \$75,000 USD

#### 4. Plan of Operations

- a. History
- b. Organizational Chart
- c. Management
- d. Products
- e. Marketing and Growth
- f. Contract Forms

5. List of states where Applicant and affiliates are currently doing business

#### 6. Financial Projections for 3 years

- a. Florida
- b. Nationwide

7. Alphabetical List of Proposed Sales Representatives

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# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## CHECKLIST

### SECTION IV – MANAGEMENT

- 1. Management Information Forms submitted for all required entities
- 2. Biographical affidavits submitted for all required individuals
  - a. All information completed (no blanks)
  - b. "Yes" answers explained
  - c. Signed
  - d. Notarized
- 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
  - a. Proof of order and confirmation of payment submitted to the Office
- 4. Fingerprint cards for all required individuals
  - a. All information completed (no blanks)
  - b. Signed

**APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

**APPLICATION CERTIFICATION**

**The below certification must be executed by two officers of Applicant, one of whom must be the President or Chief Financial Officer, and the other the Secretary\*.**

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ (“Applicant”) to seek licensure as a Home Warranty Association; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned 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, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*Other officers will be accepted only if the applicant does not have these positions.



**APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

**INVOICE**

NAME OF COMPANY: \_\_\_\_\_

FEIN: \_\_\_\_\_

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

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

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

\_\_\_\_\_

\_\_\_\_\_

(city)

(state)

(zip code)

1. Make payable to the Department of Financial Services and mail check and invoice only to:

Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

**FOR DEPARTMENT USE ONLY**

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	AMOUNT	SOURCE
	\$200.00	10	31			
LICENSE NUMBER	Dated		Mailed			
	MO	DAY	YR	MO	DAY	YR
					MAILED BY	



## Florida Office of Insurance Regulation

### **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. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm)
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 submit investigative reports electronically to the Office to this e-mail address:

[bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com)

Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.

6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Questions regarding this process may be directed to [pcappcoord@flor.com](mailto:pcappcoord@flor.com) (Property and Casualty applicants) or to [lhappcoord@flor.com](mailto:lhappcoord@flor.com) (Life and Health applicants).



## Florida Office of Insurance Regulation

### FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE

Each individual subject to the fingerprinting process must be registered through Identogo by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the Identogo Customer Service Center at 1-800-528-1358.

#### **DIGITAL PRINTS** - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

#### **FINGERPRINT CARD** – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing [FPRequest@floiir.com](mailto:FPRequest@floiir.com). Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

**NOTE:** Please print your Payment Confirmation Number from the Identogo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation  
Market Research & Technology Unit  
Fingerprint Card Processing  
Room B-50 Larson Building  
200 East Gaines Street  
Tallahassee, Florida 32399-0326

**Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.**



**Florida Office of Insurance Regulation**

**CONFIDENTIAL**

Pursuant to section 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. 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 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. 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 the 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**

**CONTRACTUAL LIABILITY POLICY**

**DECLARATION**

Policy No:

NAMED INSURED:

ADDRESS:

POLICY PERIOD: From \_\_\_\_\_ Continuous until cancelled

COUNTERSIGNED AT:

BY:

DATE \_\_\_\_\_, 20\_\_\_\_

A. **INSURING AGREEMENT**

\_\_\_\_\_ (herein called the "Company",  
"us" or "we") agrees to pay \_\_\_\_\_ (herein called "you") for all costs incurred in fulfilling your obligations under each service agreement issued during the Policy Term according to terms and conditions of such Service Agreements. In the event such costs are incurred by another party's performance of repair or replacement services as a result of such obligations, payment may be made directly to such other party on your behalf.

In the event you become bankrupt, impaired or insolvent (as defined in Section 631.011, Florida Statutes), dissolved, or if you go out of business, or fail to pay documented claims we will pay Losses and unearned premiums refunds, if any, directly to the person making a claim under the Service Agreement or canceling the Service Agreement.

**This policy insures (for home warranties) all Service Agreements issued by you while this policy is in effect. This policy insures (for service warranties and auto warranties) all Service Agreements issued by you while this policy is in effect, whether or not the premium has been remitted to the insurer.**

**This policy insures 100% of the Association's claim exposure and is obtained from an insurer approved by the Office which holds a certificate of authority to do business within this state.**

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B. **DEFINITIONS**

- (1) Contractual Obligation means your obligation to properly repair or replace covered parts or to pay for the cost of proper repair or replacement of covered parts.
- (2) INSURED means the person or organization named in the Declaration, also referred to as "You".
- (3) SERVICE AGREEMENT means either a motor vehicle service agreement, home warranty or service warranty (as defined in Chapter 634, Florida Statutes).
- (4) SERVICE AGREEMENT HOLDER means the original purchaser of a Service Agreement or someone to whom the Service Agreement has been transferred under the terms of the Service Agreement.
- (5) SERVICE AGREEMENT HOLDER CLAIM means a claim by a Service Agreement Holder or a claim on the behalf of a Service Agreement Holder which forms a Contractual Obligation.
- (6) LOSS means expense actually incurred by you or on your behalf in the performance of a Contractual Obligation.
- (7) REPAIR FACILITY means a person or organization authorized by you or on your behalf to perform service under a Service Agreement.
- (8) INSURED CLAIM means your claim for benefits under this policy based on a Contractual Obligation.
- (9) PREMIUM means the amount paid by the Service Agreement Holder.

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C. **EXCLUSIONS**

The policy does not apply to:

- (1) liability for any consequential damages, including but not limited to, punitive or extra-contractual damages, arising from your actions, or any Repair Facility under a Service Agreement;
- (2) any and all obligations and liabilities arising out of your actions or anyone else's actions under a Service Agreement;
- (3) any and all obligations and liabilities extending to anyone other than the Service Agreement Holder;
- (4) any duty to defend you in any law suit or other judicial or administrative proceeding;
- (5) labor performed by you or on your behalf arising out of work or any portion thereof, or out of material, parts or equipment, as a result of recall by the manufacturer.

D. **CONDITIONS**

- (1) **SALE OF SERVICE AGREEMENT:** You must report the sale of a Service Agreement within 30 days of its issue date on the forms provided by us and send us or our authorized agent the proper premium. All premiums will be computed in accordance with the rules, rates, rating plans, premiums and minimum premiums which apply to the insurance afforded by this policy.
- (2) **PREMIUMS:** The premium for each Service Agreement is shown in the rate schedule. These rates shall remain in effect until we change them and until they

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have been approved by the Office of Insurance Regulation. You will be given 30 days written notice prior to any change.

- (3) NOTICE OF INSURED CLAIM: You should provide us full details of a claim prior to starting any work specified with a Contractual Obligation in excess of \$\_\_\_\_.00 by the Service Agreement giving full details of the claim.
- (4) PROOF OF LOSS: Written proof of loss must be given within 30 days after a loss occurs, giving full details on the nature and extent of the loss. Proof of loss shall be given on forms furnished by us unless we fail to furnish such forms within 15 days after we receive a notice of claim.
- (5) INSPECTION AND AUDIT: At any reasonable time, we have the right to inspect your premises, books and records as they pertain to coverage under this policy. This right exists so long as Service Agreements are outstanding. Neither the right to inspect or the conduct of an inspection will serve as a warranty that such property or operations are safe or health free or in compliance with any law.
- (6) CHAPTER 634, FLORIDA STATUTES APPLICABILITY: In the event you are no longer able to fulfill your obligations and we are acting in your stead, we shall be subject to the provisions of Chapter 634, Florida Statutes.
- (7) We shall assume full responsibility for the administration of claims in the event of your inability to do so.

E. **GENERAL PROVISIONS**

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- (1) REPRESENTATIONS: By accepting this policy, you agree that the statements in the Declarations are your representations and warranties and that this policy is issued based on those representations. Should you misrepresent these declarations, the company may cancel this contract in accordance with the Cancellation Endorsement. Service Agreements issued during the term of this policy shall continue to be insured. This policy is the entire contract between you and the company.
- (2) SUBROGATION: If any payment under this policy is made by us, we reserve all rights of recovery against any person or organization in connection with such claim. You will execute and deliver all papers necessary to secure such rights. You may do nothing to prejudice such rights.
- (3) ASSIGNMENT: Assignment of interest or liability under this policy shall not be binding on us unless the policy has been countersigned by our authorized agent and approved by the Office of Insurance Regulation.
- (4) CHANGES IN THE POLICY: No change in the policy will be effective until approved by our authorized representative and the Florida Office of Insurance Regulation. The approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.
- (5) RECOVERIES: All amounts recovered by you for which you received benefits under this policy belong to us and shall be paid to us.
- (6) RENEWAL: This policy is issued as stated in the Declaration and is continuous until cancelled in accordance with the Cancellation Endorsement.

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**IN WITNESS WHEREOF**, the company has caused this policy to be signed by its Secretary and President and countersigned by its duly authorized representative.

(PRESIDENT)

(SECRETARY)

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## **MOTOR VEHICLE SERVICE AGREEMENT ENDORSEMENT**

- (1) CANCELLATION, TERMINATION, OR NONRENEWAL: You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 90 days after written notice of such cancellation, termination or nonrenewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate, or not renew this policy by written notice, mailed via certified mail, to you and the Office of Insurance Regulation at least 90 days prior to such cancellation, termination or nonrenewal.
  
- (2) UNEARNED PREMIUM REFUND: The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.121(3), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.
  
- (3) The Service agreement company must provide the Office with the claims statistics.

## HOME WARRANTY ENDORSEMENTS

- (1) CANCELLATION, TERMINATION, OR NONRENEWAL: You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 60 days after written notice of such cancellation, termination or nonrenewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate or not renew this policy by written notice, mailed via certified mail, to you and the Office of Insurance Regulation at least 60 days prior to such cancellation, termination or nonrenewal.

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## SERVICE WARRANTY ENDORSEMENT

- (1) CANCELLATION, TERMINATION, OR NONRENEWAL: You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 90 days after written notice of such cancellation, termination or nonrenewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate, or not renew this policy by written notice, mailed via certified mail, to you and the Florida Office of Insurance Regulation at least 60 days prior to such cancellation, termination or nonrenewal.
  
- (2) UNEARNED PREMIUM REFUND: In the event the issuer of the contractual liability policy is fulfilling the service warranty covered by policy and in the event the service warranty holder cancels the service warranty, it is the responsibility of the contractual liability issuer to effectuate a full refund of unearned premium to the consumer. The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.414(1), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.
  
- (3) An Association may not utilize both the unearned premium reserve and contractual liability insurance simultaneously. However, an association shall be allowed to have contractual liability coverage on service warranties previously sold and sell new service warranties covered by the unearned premium reserve, and the converse of this shall also be allowed. An association must be able to distinguish how each individual service warranty is covered.

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

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**LIST OF PROPOSED SALES REPRESENTATIVES**

**COMPANY  
NAME:** \_\_\_\_\_

**NAME:**

**ADDRESS:**

**SSN:**

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

**(Print or Type)**

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: \_\_\_\_\_

4. Affiant's business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Business Email: \_\_\_\_\_

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.



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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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7. Present or proposed position with the Applicant Company: \_\_\_\_\_

\_\_\_\_\_

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: \_\_\_\_\_  
\_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

\_\_\_\_\_

\_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

- b. 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  No
- c. 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  No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?  
Yes  No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
Yes  No
- f. 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 civil traffic offenses?  
Yes  No
- g. 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, state law or law of another country 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  No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?  
Yes  No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions 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  No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  
Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_  
\_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person,

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

\_\_\_\_\_

\_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details.

\_\_\_\_\_

\_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. \_\_\_\_\_

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Yes  No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_.

[SEAL]

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

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Affiant's Full Name (Initials Not Acceptable): First:\_\_\_\_\_ Middle:\_\_\_\_\_ Last:\_\_\_\_\_ **IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.**

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if NONE indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If NONE, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: \_\_\_\_\_

4. Government Identification Number if not a U.S. Citizen: \_\_\_\_\_

5. Foreign Student ID# (if applicable) : \_\_\_\_\_

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. Date of Birth: (MM/DD/YY) : \_\_\_\_\_ Place of Birth, City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

7. Name of Affiant's Spouse (if applicable) : \_\_\_\_\_

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]

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

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**

*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact \_\_\_\_\_ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

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

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

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

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

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires



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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

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

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

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization,

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

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

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of \_\_\_\_\_ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through \_\_\_\_\_ [name of CRA, address] (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

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

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

State of: \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

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

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.



## **Florida Office of Insurance Regulation**

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### **Management Information Form**

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Incorporators, Officers, Directors, 10% or Greater Shareholders, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Key Individuals, and other like positions (5% if an HMO). Please type or print clearly.

Name of Entity: \_\_\_\_\_

<b>Name</b>	<b>Title (e.g.: President)</b>	<b>Position (e.g.: Officer)</b>	<b>Ownership %</b>
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\*Additional pages in like format may be attached as necessary

**OIR-C1-2221**

**Rev.: 6/20**

**Rule: 690-136.100**