



**Application for License Continuance
Legal Expense Insurance**

For the period: 06/01/20____ to 05/31/20____

Due by May 31

Licensee Name: _____

Address: _____

(City) (State) (Zip Code)

Federal Identification Number ("FEIN"): _____

Florida Company Code: _____

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR CONTINUANCE OF ITS LEGAL EXPENSE INSURANCE CERTIFICATE OF AUTHORITY AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

Name and Title Signature Date

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INSTRUCTIONS:

1. If you wish to continue the license, submit the completed and signed application along with a license continuance fee of \$300.00 USD. This fee is due at the time the renewal application is filed.
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 continuance application and fee must be received on or before May 31.