



Florida Office of Insurance Regulation

**Application for License Continuance
Motor Vehicle Service Agreement Company**

For the period: 03/01/20____ to 02/2__/20____

Due by March 1

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 RENEWAL OF ITS MOTOR VEHICLE SERVICE AGREEMENT COMPANY LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

_____ President's Name	_____ Signature	_____ Date
_____ Secretary's Name	_____ Signature	_____ Date
_____ Treasurer's Name	_____ Signature	_____ Date

INSTRUCTIONS:

1. If you wish to renew, submit the completed and signed application along with a license renewal fee of \$100.00 USD. This fee is due at the time the renewal application is filed.
2. The renewal application and remittance must be received on or before March 1.