



Florida Office of Insurance Regulation

**License Continuance Form
Service Warranty Association Manufacturer or Affiliate**

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

Due by March 01

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 SERVICE WARRANTY ASSOCIATION "MANUFACTURER or AFFILIATE" 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, submit the completed and signed application along with a license renewal fee of \$500.00 USD. This fee is due at the time the renewal application is filed.
2. The renewal application and fee must be received on or before March 1.