



Florida Office of Insurance Regulation

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

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 flor.gov/iportal ~~<https://www.flor.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 at the following link:

flor.gov/iportal ~~<https://www.flor.com/iportal>~~

Any questions concerning this application packet may be directed to pcappcoord@flor.gov ~~pcappcoord@flor.com~~.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

Part A

1a. Name of the Risk Retention Group as it appears on its Certificate of Authority:

1b. Address of the Risk Retention Group:

1c. NAIC Company Code:

1d. FEIN:

1e. State of domicile, date licensed and date chartered:

1f. Primary contact person for state of domicile to whom questions regarding the Risk Retention Group should be addressed (include name, phone number and email address):

2. List any other name(s) by which the Risk Retention Group is known or may be doing business in Florida ~~this State~~ or any other state:

3. The Risk Retention Group is authorized to engage in the following lines and/or classifications of liability insurance under the laws of its chartering state ~~State~~:

a) Applicant must submit a Certificate of Compliance from its domiciliary jurisdiction dated within the last year.

OIR-C1-513

Effective: 08/26 ~~01/25~~

Rule 690-136.100, F.A.C.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

4. Give a general description of the liability insurance coverages the Risk Retention Group plans to write in the state it is registering to do business in.

5. Has the Risk Retention Group's domiciliary state approved the Risk Retention Group to register and expand its writings in the state it is seeking to become registered in?

6. Ownership of the Risk Retention Group consists of one or the other of the following (check one):

a) _____ the owners of the Group are only persons who comprise the membership of the Group and who are provided insurance by the Group.

b) _____ the sole owner of the Group is: _____

(Name and Address of Organization)

an organization which has as its members only persons who comprise the membership of the Group and which has as its owners only persons who comprise the membership of the Group and who are provided insurance by the Group.

7. The Risk Retention Group members are engaged in businesses or activities similar or related with respect to the liability to which such members are exposed by virtue of any related, similar or common business (whether profit or nonprofit), trade, product, services (including professional services), premises or operations. Give a general description of businesses or activities engaged in by the Group's members:

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

8. (a) List the name, position with the Risk Retention Group, and address of each officer and director of the Risk Retention Group: (Attach additional pages, if necessary.)

(b) Identify and give the telephone number of the officer or director of the Risk Retention Group who can be contacted for any information regarding the management of the insurance activities of the Group:

Name: _____ Telephone #: _____

9. List the name, address, and telephone number of the company responsible for managing the insurance operations of the Risk Retention Group and the company contact person's name, telephone number and email. (If none, answer none.)

Contact Person: _____ Telephone # _____

Email: _____

10. List the name(s) NPR#, and address(es) of the Florida licensed insurance agents or brokers (or soon to be Florida licensed) who will be responsible for marketing the Risk Retention Group's insurance policies in ~~the State of Florida~~ and the current licensing status in ~~the State of Florida~~: (If none, answer none. Attach additional pages, if necessary.)

<u>Name</u>	<u>NPR#</u>	<u>Address</u>	<u>License Status in State</u> <u>Registering</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OIR-C1-513

Effective: 08/26 ~~01/25~~

Rule 690-136.100, F.A.C.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

11. In accordance with the Liability Risk Retention Act, we verify the following:

- a) The Risk Retention Group is a corporation or other limited liability association whose primary activity consists of assuming and spreading all, or any portion, of the liability exposure of its members.
 - i. Applicant must attach a copy of its Articles of Incorporation or equivalent document certified within the last year by its domiciliary jurisdiction.
- b) The Risk Retention Group is organized for the primary purpose of conducting the activity described under Item "A" above.
- c) The Risk Retention Group does not exclude any person from membership in the Group solely to provide for members of the Group a competitive advantage over such a person.
- d) The activities of the Risk Retention Group do not include the provision of insurance other than:
 - i. liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its Group members; and
 - ii. reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or a member of such other Risk Retention Group) engaged in business or activities so that such Risk Retention Group or member meets the requirement under Item #7 above for membership in the Risk Retention Group which provides such reinsurance.

12. In accordance with the LRRRA, the RRG agrees to the following:

- a) The Risk Retention Group will comply with the unfair claim settlement practices laws of Florida ~~this State~~.
- b) The Risk Retention Group will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on admitted insurers, surplus line insurers, brokers, or policyholders under the laws of Florida ~~this State~~.
 - i. List the name, address, and phone number of the company or individual responsible for payment of these fees.

OIR-C1-513

Effective: 08/26 01/25

Rule 690-136.100, F.A.C.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

- c) The Risk Retention Group will participate, on a nondiscriminatory basis, in any mechanism established or authorized under the law of Florida ~~the State~~ for the equitable apportionment among insurers of liability insurance losses and expenses incurred on policies written through such mechanism.
- d) The Risk Retention Group will designate the Chief Financial Officer of Florida ~~this State~~ as its agent solely for the purpose of receiving service of legal documents or process by executing Part B of this form, attached hereto.
- e) The Risk Retention Group will submit to examination by the Insurance Commissioner of Florida ~~this State~~ to determine the Group's financial condition, if:
 - i. the Insurance Commissioner [Director, Superintendent] of the Group's chartering state ~~State~~ has not begun or has refused to initiate an examination of the Group; and
 - ii. any such examination by the Insurance Commissioner shall be coordinated to avoid unjustified duplication and unjustified repetition.
- f) The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Insurance Commissioner of Florida ~~this State~~ upon a finding of financial impairment, or in a voluntary dissolution proceeding.
- g) The Risk Retention Group will comply with the laws of Florida ~~this State~~ regarding deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction.
- h) The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Insurance Commissioner of Florida ~~this State~~ alleging that the Group is in hazardous financial condition or is financially impaired.
- i) The Risk Retention Group will provide the following notice, in at least 10-point type, in any insurance policy issued by the Group:

NOTICE

**This policy is issued by your risk retention group.
Your risk retention group may not be subject to all of
the insurance laws and regulations of your State.
State insurance insolvency guaranty funds are not**

OIR-C1-513

Effective: 08/26 ~~01/25~~

Rule 690-136.100, F.A.C.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP
available for your risk retention group.

13. In accordance with the LRRRA, the Risk Retention Group affirms that it has submitted to the Insurance Commissioner of Florida as part of this filing and before it has offered any insurance in Florida ~~this State~~, a copy of the plan of operation or feasibility study which it has filed with the Insurance Commissioner [Director, Superintendent] of its state of domicile. This plan or study includes the name of the state ~~State~~ in which the Group is chartered, as well as the Group's principal place of business, and such plan of operation or feasibility study further includes the coverages, deductibles, coverage limits, rates, and rating classification systems for each line of liability insurance the Group intends to offer. The Group has also submitted to the Insurance Commissioner of this State any revisions of such plan of operation or feasibility study to reflect any changes if the Group intends to offer any additional lines of liability insurance or change in the designation of the state ~~State~~ in which it is chartered.
14. The Risk Retention Group will submit a copy of its annual financial statement as submitted to its chartering state, to the Insurance Commissioner of Florida ~~this State~~ by March 1st. The annual financial statement shall be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist. The annual financial statement, certification and statement of opinion on loss and loss adjustment expense reserves will be submitted to the Insurance Commissioner of Florida ~~this State~~ by the date it is required to be submitted to its chartering state.
15. The Risk Retention Group will not solicit or sell insurance to any person in Florida ~~this State~~ who is not eligible for membership in the Group.
16. The Risk Retention Group will not solicit or sell insurance in Florida ~~this State~~, or otherwise operate in Florida ~~this State~~, if the Group is in hazardous financial condition or is financially impaired.
17. In accordance with the LRRRA, the terms of any insurance policy provided by the Risk Retention Group shall not provide or be construed to provide insurance policy coverage prohibited generally by state ~~State~~ statute or declared unlawful by the highest court of the state ~~State~~ whose law applies to such policy.
18. To the extent required by the LRRRA, the Risk Retention Group will comply with all other applicable state laws.
19. The Risk Retention Group will notify the Insurance Commissioner as to any subsequent changes in any of the items included in this form (except for items #1f, #8 and #10).
20. Applicant must submit a copy each examination of the Risk Retention Group ~~risk retention group~~ as certified by the insurance commissioner of the public official

OIR-C1-513

Effective: 08/26 ~~01/25~~

Rule 690-136.100, F.A.C.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

conducting the examination.

21. Applicant must submit a copy of any audit performed with respect to the Risk Retention Group ~~risk retention group~~.

CHECKLIST

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. Submit the completed checklist with the application.

- ☐ 1. Items 1-21 requiring a response are answered completely and correctly.
- ☐ 2. A Certificate of Compliance from its domiciliary jurisdiction dated within the last year.
- ☐ 3. A copy of its Articles of Incorporation or equivalent document certified within the last year by its domiciliary jurisdiction.
- ☐ 4. A copy each examination of the risk retention group as certified by the insurance commissioner of the public official conducting the examination.
- ☐ 5. A copy of any audit performed with respect to the risk retention group.
- ☐ 6. Application Certification and Checklist (pages 8-9)
- ☐ 7. Appointment of Attorney to Accept Service and Designation (page 10)
- ☐ 8. Board Resolution (page 11)

OIR-C1-513

Effective: ~~08/26~~ 01/25

Rule 69O-136.100, F.A.C.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

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 registration as a Risk Retention Group in Florida; 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: _____

OIR-C1-513

Effective: 08/26 01/25

Rule 69O-136.100, F.A.C.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

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

Part B

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE AND DESIGNATION

The _____ ("the Group"), a risk retention group which is chartered and licensed as a liability insurance company under the laws of the State of _____, having notified the Insurance Commissioner of the State of Florida of its intention to do business in this State as a risk retention group pursuant to the federal Liability Risk Retention Act of 1986, hereby appoints the Chief Financial Officer of the State of Florida, any successor in office, and any authorized deputy its true and lawful attorney, in and for the State of Florida, upon whom all legal documents or process in any proceeding against it may be served. Such service of legal documents or process shall be of the same legal force and validity as if served personally upon the Group.

This appointment may be withdrawn only upon a written notice of termination and, in any event, shall not be terminated by the Group or its successor so long as any contracts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in this State are in effect.

The Group designates:

(Name)

(Email Address)

(Street Address)

(State and ZIP Code)

as its officer, agent, or other person to whom shall be forwarded all legal documents or process served upon the Chief Financial Officer of the State of Florida, any successors in office, or any authorized deputy, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner.

This appointment and designation is made pursuant to a resolution by the Group's governing body authorizing it. This appointment shall be binding upon any person or corporation which as successor acquires the Group's assets or assumes its liabilities, by merger or consolidation or otherwise.

IN WITNESS OF THIS APPOINTMENT, said Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in this manner by its President/CEO and Secretary, and its corporate seal to be affixed at the City of _____, State of _____, this ____ day of _____, 20 ____.

President or CEO of Risk Retention Group

(Print Name)

[Corporate Seal]

OIR-C1-513

Effective: 08/26 01/25

Rule 690-136.100, F.A.C.

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP
Secretary of Risk Retention Group

(Print Name)

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP

Board Resolution:

I HEREBY CERTIFY that the following resolution was adopted by the entire Board of Directors of:

at a meeting held by the Board of Directors of the Company on this ____ day
of _____, 20____.

"RESOLVED, that the President or Chief Executive Officer and Secretary of this corporation are hereby authorized to execute, for and on behalf of this corporation, the attached Appointment of Attorney to Accept Service and Designation under the Laws of Florida."

Name of Risk Retention Group

President or CEO of Risk Retention Group

(Print Name)

Secretary of Risk Retention Group

(Print Name)

[Corporate Seal]