APPLICATION FOR ELIGIBILITY AS A SURPLUS LINES INSURER

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 floir.gov/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 following the link:

floir.gov/iportal

Any questions concerning this application packet may be directed to pcappcoord@floir.gov.

INSTRUCTIONS

SECTION I - APPLICATION & FEES

Section I-1 Written Request for Eligible Surplus Lines Status

A written request must be submitted requesting the eligibility of the insurer. The request must detail the lines of insurance the insurer intends to offer (refer to Form OIR-C1-1416, Uniform Certificate of Authority Application (UCAA) Lines of Insurance) and a projection of how much premium will be written on an annual basis. If the insurer is made eligible to write surplus lines coverages, it will be only for those lines requested.

Additionally, the request must state the number of surplus lines agents to be used, and the agent who will be responsible for the payment of premium tax.

The request should indicate the name of the appropriate individual with the insurer and the surplus lines agent, whom the Office should contact with any questions.

Section I-2 Fingerprint Fees

Applicant is required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprints and Social Security Number, for instructions.

Section I-3 Checklist and Certification

Applicant should have pages 7-10 filled out and returned with the application.

SECTION II - LEGAL

Section II-1~~l~~ 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-2 Certificate of Compliance

A certificate of compliance from its state of domicile dated within the last year showing the lines of business the insurer is authorized to write.

Section II-3 United States Trust Fund (Alien Insurers only)

An Alien Applicant must submit evidence of a United States trust fund in an amount not less than $5.4 million USD. This document should be from the trustee of the fund, showing both the amount and nature of the fund.~~,~~ Alien insurers seeking approval for ocean marine and/or aviation risks ONLY are not required to have a United States trust fund (Section 626.918 (2)(f), Florida Statutes).

SECTION III - FINANCIAL

NOTE: THE INSURER MUST HAVE BEEN AN INSURER FOR NOT LESS THAN THREE YEARS NEXT PRECEDING OR QUALIFY FOR EXEMPTION UNDER SECTION 626.918(2)(b), FLORIDA STATUTES. THE INSURER MUST HAVE A SURPLUS AS TO POLICYHOLDERS NOT LESS THAN $15 MILLION.

Section III-1 Annual Statement

Applicant must file the most recent year end annual statement in the National Association of Insurance Commissioners ("NAIC") format. It must contain signatures of the signing corporate officers. All schedules must be complete. (Pay special attention to the general interrogatories, notes to financial statements and the organization charts, as these schedules are often filed as separate attachments when the annual statement is prepared).

Section III-2 Quarterly Statements

Applicant must file all quarterly financial statements in NAIC format covering the current year-to-date. These statements do not have to be certified by the state of domicile. However, they must be signed by the company's officers, and they must be embossed with the insurer's corporate seal. Supplemental loss developmental schedules (also in NAIC format) must be included for each quarter.

Section III-3 Statutory Mandated Examination Reports

Applicant must file its most recent report of examination performed by its state of domicile. In lieu of such examination, Applicant may submit an audited certified public accountant's report prepared on a basis consistent with the insurance laws of the state of domicile, certified by the state of domicile. The report must be statutory, stand-alone. Consolidated reports are not acceptable.

Section III-4 Statutory Financial Statements Audited by Certified Public Accountants

Applicant must provide a copy of the latest Audited Certified Public Accountant's report on the insurer prepared on a basis consistent with the insurance laws of the insurer's state of domicile. If such report does not exist, a statement that no such audit has ever been performed signed by at least two executive officers and embossed with the insurer's corporate seal must be provided.

Section III-5 Previous Florida Business History

In this section the Applicant should detail any history that it has had in withdrawing from Florida as a whole or in discontinuing a particular line of business in this state. This statement should include any parent companies or subsidiaries.

Section III-6 History of Company

Provide a brief history of the company since its incorporation. Include the date of incorporation, date when it commenced business and any changes of ownership or changes in operations. Indicate the number of states licensed, and any actions taken by governmental agencies that have jurisdiction over the insurer.

SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

Submit a Management Information Form (Form OIR-C1-2221) fully describing the management, ownership, and all individuals or entities having direct or indirect control of Applicant 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 each officer, director, and 10% or greater owner of the entity named on the form.

If Applicant is a subsidiary of a parent or holding company, provide an organizational chart showing the relationship of all affiliated entities.

Section IV-2 Biographical Information Package

Each person listed in Section IV-1 must submit a complete Biographical Information Package.

The Biographical Information Package consists of the following forms:

•OIR-C1-1423, “Uniform Certificate of Authority Application (UCAA) BiographicalAffidavit”
•OIR-C1-938, “Fingerprints and Social Security Number”
•OIR-C1-0500, “UCAA Biographical Affidavit Addendum Blank”
•OIR-C1-0501, “UCAA Biographical Affidavit Addendum Education”
•OIR-C1-0502, “UCAA Biographical Affidavit Addendum Employment”
•OIR-C1-0503, “UCAA Biographical Affidavit Addendum General”
•OIR-C1-0504, “UCAA Biographical Affidavit Addendum Licenses”
•OIR-C1-0505, “UCAA Biographical Affidavit Addendum Professional”
•OIR-C1-0506, “UCAA Biographical Affidavit Addendum Residence”
•OIR-C1-0507, “UCAA Biographical Affidavit Addendum Societies”
•OIR-C1-0509, “Uniform Certificate of Authority Application (UCAA) BiographicalAffidavit Cover Letter Holding Company Structure”

Each person must complete forms OIR-C1-1423 and OIR-C1-938, as well as all additional forms that are applicable to that individual.

Each form must be signed, and form OIR-C1-1423 must be notarized.

All questions must be answered. All “Yes” answers must be explained.

Individuals who have previously submitted a Biographical Information Package to the Office may inquire with the Office to determine if the previous submission is recent enough to meet this requirement.

Section IV-3 Background Investigation Report

A background investigation report must be provided for each person required to provide a Biographical Information Package. These reports must be ordered from and submitted by a background investigation vendor directly to the Office at bkgrnd-inv@floir.gov who has been approved for use by the National Association of Insurance Commissioners. Submission 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. The application will not be considered complete until all required background investigation reports are received. Attach proof of payment confirming that all background reports have been ordered when submitting the application.

A list of approved vendors can be found at https://content.naic.org/industry-ucaa-third-party. The applicant is responsible for the reports and for handling billing arrangements with the selected vendor. Questions regarding this process may be directed to pcappcoord@floir.gov (Property and Casualty applicants) or to lhappcoord@floir.gov (Life and Health applicants).

Section IV-4 Fingerprinting and Social Security Number Submission

Each person submitting a Biographical Information Package under Section IV-2 must also submit their fingerprints to the Office. Please refer to our website at floir.gov/home/company-admissions/fingerprint-instructions for specific instructions on the payment for and submission of fingerprints. Information about the uses and retention of fingerprints is included in form OIR-C1-938.

In addition, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from disclosure under Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution, and must be segregated on a separate page, which is included as part of form OIR-C1-938, which must be submitted as part of the Biographical Information Package.

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.

SECTION I - APPLICATION & FEES

- ☐ **1.** Written request
  - ☐ **a.** All classes of insurance to be transacted listed by code number
  - ☐ **b.** Number of Surplus Lines agents to be used
  - ☐ **c.** Agent responsible for paying premium tax
  - ☐ **d.** Contact persons and phone numbers
- ☐ **2.** All fingerprint fees paid electronically
  - ☐ **a.** Copies of online payment confirmation
- ☐ **3.** Checklist & Certification

SECTION II - LEGAL

- ☐ **1.** Service of Process Consent and Agreement Form OIR-C1-144
- ☐ **2.** Certificate of Compliance from domiciliary state
  - ☐ **a.** Must show lines of business Applicant is authorized to write
  - ☐ **b.** Dated within the last year
- ☐ **3.** Evidence of United States trust fund; **OR**

  Explanation as to why this does not apply

Company Name: _____

SECTION III - FINANCIAL

- ☐ **1.** Annual Statement
- ☐ **a.** Most current year
- ☐ **i.** Signed by two executive officers
- ☐ **ii.** Sealed by corporation
- ☐ **iii.** Supplemental schedules included
- ☐ **2.** Quarterly Statements
- ☐ **a.** All quarterly statements year to date
- ☐ **b.** Statements in NAIC format
- ☐ **i.** Signed by two executive officers
- ☐ **ii.** Sealed by corporation
- ☐ **3.** Statutory examination by state of domicile
- ☐ **4.** Statutory Financial Statements audited by Certified Public Accountants; **OR** Statement by the company that no such audit has ever been performed
- ☐ **a.** Signed by executive officer
- ☐ **b.** Sealed by the company
- ☐ **5.** Previous Florida business history
- ☐ **6.** History of the company

Company Name: _____

SECTION IV - MANAGEMENT

- ☐ **1.** Management Information (Form OIR-C1-2221) submitted
- ☐ **2.** Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
  - ☐ **b.** All information completed (no blanks)
  - ☐ **a.** "Yes" answers explained
  - ☐ **b.** Signed
  - ☐ **c.** Notarized
- ☐ **3.** Background investigative reports for all required individuals (Form OIR-C1-905). 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 (Form OIR-C1-938)
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Signed

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 eligibility as a Surplus Lines insurer 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: _____

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