



APPLICATION FOR LICENSE RATING ORGANIZATION

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 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

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

APPLICATION FOR LICENSE RATING ORGANIZATION

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fee

Applicant must pay a license fee of \$25 U.S. Dollars, pursuant to Section 624.501(18), Florida Statutes. The fee is due at the time the application is filed and is not refundable.

Section I-2 Fingerprint Fees

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

Section I-3 Application Checklist and Certification

Applicant should have pages 7-9 completed and returned with its application.

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SECTION II - LEGAL

Section II-1 Organizational Documents

Submit a copy of Applicant's Articles of Incorporation, Constitution, Articles of Agreement, or Articles of Association, and all amendments to those documents, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

Section II-2 Certificate of Status from Florida Secretary of State

Submit a certificate of status from the Florida Secretary of State dated within the last year.

Section II-3 Bylaws or Similar Documents

Submit a copy of Applicant's Bylaws, or equivalent document regulating the conduct of Applicant's internal affairs. This document should be certified within the last year by Applicant's Secretary as a true and correct copy of the current document. Only the Secretary's signature will be accepted unless Applicant does not have this position.

Section II-4 Certificate of Status from State of Domicile

If Applicant is not a Florida domestic entity, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of business entities in the Applicant's home state, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile.

Section II-5 Fictitious Name Filing

If Applicant plans to utilize a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

Section II-6 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

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SECTION III – BUSINESS INFORMATION

Section III-1 List of Members and Subscribers

Submit a list of Applicant's members and subscribers.

Section III-2 Kinds of Insurance

Provide a completed Uniform Certificate of Authority (UCAA) Lines of Insurance form (Form OIR-C1-1416) indicating the lines of insurance for which Applicant is applying to act as a rating organization.

Section III-3 Statement of Qualification

Applicant should provide a statement of its qualifications as a rating organization. This statement should address:

- A.** A detailed history of Applicant.
- B.** Its managerial experience.
- C.** A description of the services to be provided.
- D.** Its disaster preparedness plan.
- E.** Any other information Applicant deems pertinent to demonstrate Applicant's ability to successfully operate in this state.

Section III-4 Organizational Charts

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

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SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

Submit a Management Information (Form OIR-C1-2221) fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control 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 listed individuals. Please state if a middle name does not exist.

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

Provide a complete Biographical Information Package for each of Applicant's officers, directors, managers, managing members, or individuals occupying like positions.

The Biographical Information Package consists of the following forms:

- OIR-C1-1423, "Uniform Certificate of Authority Application (UCAA) Biographical Affidavit"
- 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) Biographical Affidavit 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.

OIR-C1-PCR1

Effective: 08/26

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

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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@flor.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@flor.gov.

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 flor.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.

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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.

SECTION I - APPLICATION FORM & FEES

- ☐ 1. Application fee paid
- ☐ 2. All fingerprint fees paid electronically
 - ☐ a. Copies of online payment confirmation
- ☐ 3. Application certification and checklist

SECTION II – LEGAL

- ☐ 1. Organizational documents
 - ☐ a. Certified by public official within the last year
- ☐ 2. Certificate of Status from Florida dated within the last year
- ☐ 3. Company bylaws or equivalent
 - ☐ b. Certified by Secretary
- ☐ 4. Certificate of Status from state of domicile (if applicable)
- ☐ 5. Authorization Letter (if applicable)
- ☐ 6. Fictitious Name Filing (if applicable)

APPLICATION FOR LICENSE RATING ORGANIZATION

CHECKLIST

Applicant Name: _____

SECTION III – BUSINESS INFORMATION

- ☐ 1. List of members and subscribers
- ☐ 2. Uniform Certificate of Authority (UCAA) Lines of Insurance form (Form OIR-C1-1416)
- ☐ 3. Statement of qualification
 - ☐ a. Detailed history of Applicant
 - ☐ b. Managerial experience
 - ☐ c. Description of services to be provided
 - ☐ d. Disaster preparedness plan
 - ☐ e. Other relevant information
- ☐ 4. Organizational charts showing all entities with ownership percentages (if applicable)

SECTION IV - MANAGEMENT

- ☐ 1. Management Information Forms (Form OIR-C1-2221)
 - ☐ a. Submitted for all required entities
- ☐ 2. Biographical Information Package submitted for all required individuals
 - ☐ a. All information completed (no blanks)
 - ☐ b. "Yes" answers explained
 - ☐ c. Signed
 - ☐ d. Notarized
- ☐ 3. Background investigation reports for all required individuals (OIR-C1-905). The reports must be based on the Biographical Information Packages submitted to the Office with this Application
 - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ 4. A Fingerprint and Social Security Number form (Form OIR-C1-938) for each required individual.
 - ☐ a. All information completed (no blanks)
 - ☐ b. Fingerprints submitted for each individual required to file a Biographical Information Package

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Below provide the name and address of a resident of this state upon whom notices or orders of the office or process affecting Applicant may be served.

Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Email Address: _____

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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 licensure as a Rating Organization 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.

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