



Office of Insurance Regulation
Company Admissions

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

<http://www.floir.com/iportal>

and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select “Form & Rate Filing Assembly and Submission” to begin the submission of forms and/or rates.

If this package requires original documents, in lieu of providing original paper documents, the Applicant is directed to submit a PDF of the original document(s) unless otherwise required by Florida Statutes.

Any questions concerning this application package or iApply may be directed to pcappcoord@floir.com

In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS
SECTION I - APPLICATION FORM & FEES**

Section I-1 Application Fees

Applicants must pay an application filing fee of \$200. These fees are due and payable at the time of filing the application for licensure.

Secure your check to the INVOICE (included in this package) and send to:

Florida Department of Financial Services
Bureau of Financial Services
Post Office Box 6100
Tallahassee, Florida 32314-6100

Submit a copy of the invoice and a copy of the check with your online application filing via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee.

Section I-2 Fingerprint Fees

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure for instructions.

Section I-3 Application for License to Conduct Business in the State of Florida (Service Warranty Association) (Official Form)

Complete this form and have it signed by the President and Secretary of the company. An original signature and corporate seal are required on the application form submitted to the Office.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS
SECTION II - LEGAL**

Section II-1 Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. They must be recently certified by the applicant's state of domicile. The certification letter must be an original, certified by the state of domiciles public official having custody of the original certificate.

Section II-2 Certificate of Status from State of Domicile

A certificate of status is a document issued by the public official having supervision of the records of corporations, usually the Secretary of State. This document shows that the company is duly organized in the state and that all taxes and fees have been paid. The certificate must be obtained from the applicant's home state and filed with the application. It must show good standing, be sealed by the state, and be a current original document, not a copy.

Section II-3 Company Bylaws

The Bylaws must be sealed by the company and signed and dated by the Secretary of the company. NO other signatures other than the Secretary's signature will be accepted.

Section II-4 Service of Process Consent and Agreement (Official Form)

The Service of Process Consent and Agreement form (attached). NO signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted, and the signatures must be under corporate seal.

Section II-5 Certificate of Status from Florida Secretary of State

Provide a certificate of status from the Florida Secretary of State if the applicant is a foreign corporation. All foreign corporations are required to secure, through the office of the Secretary of State of Florida, a charter to do business in Florida.

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of insurance Regulation as part of your application as proof of your filing with the Secretary of State as a foreign corporation.

Section II-6 Fictitious Name Filing

If the organization plans to utilize a fictitious name, include in this section one certified copy of a certificate from the Clerk of the Circuit Court in the county where domiciled, attesting to compliance with Section 865.09, Florida Statutes (the Fictitious Name Statute).

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS
SECTION III - FINANCIAL**

Section III-1 Financial Statements

There are two types of Service Warranty Associations; **1. "Warrantor" (company which derives less than 50% of its gross income from the sale of service warranties), and 2. "Warranty Seller" (company which derives more than 50% of its gross income from the sale of service warranties).**

A "Warrantor" is required to supply, in this section, the most recent financial statement reflecting minimum net assets of \$25,000. This statement is required to be verified under oath by at least two of the principal officers of the company.

A "Warranty Seller" is required to supply, in this section, the most recent financial statement reflecting minimum net assets of \$300,000. This statement is required to be verified under oath by at least two of the principal officers of the company.

Section III-2 Financial Requirements

All service warranty associations are required to maintain reserves and ratios based on the gross written premiums in force, wherever written. In order to determine compliance with this provision, the following information should be included in this section:

- A. The amount of gross written premiums in force, wherever written
- B. The Applicant must comply with either of the following:
 - 1. Supply the Office with a copy of an approved executed contractual liability insurance policy. (See the attached sample policy form for approvable language.)

The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are **not** acceptable.

Or,

- 2. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a reserve as outlined by Section 634.406(1), Florida Statutes. If the applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve.

- C Satisfaction of the appropriate ratio, as given below, of statutory net assets or net worth to the gross written premiums in force.
 - 1. Warrantor - 1 to 7
 - 2. Warranty Seller - 1 to 7

Section III-3 Deposit

To assure the faithful performance of its obligations to its members or subscribers in the event of insolvency, each service warranty association shall, before the issuance of its license and during such time as the association may have premiums in force, deposit and maintain securities of the type eligible for deposit. Include in this section, an indication of how the applicant intends to comply with the deposit requirement. Select, list, and provide evidence of compliance with the applicable requirement from the following list:

- A. "Warrantors" shall use guidelines set forth in Section 634.405, Florida Statutes. Those "Warrantors" with less than \$300,000 in gross written premiums in force shall place a deposit of \$50,000 in securities in accordance with Section 625.52, Florida Statutes.
- B. "Warranty Sellers" shall deposit \$100,000 in securities in accordance with Section 625.52, Florida Statutes.
- C. In lieu of the required deposit of securities, the applicant may purchase a Surety Bond in the like amount. (Official Form Attached)

For information on how to make the required securities deposit, contact the Bureau of Collateral Management at:

Florida Department of Collateral Management
Bureau of Collateral Management
Capitol Building, Room P-3
Tallahassee, Florida 32399-0345
(850) 413-3167

Section III-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the insurer and the goals it seeks to achieve. To meet this requirement, the plan of operations must consist of the following information:

- A. **History:** Applicant should prepare a brief history of the company since its incorporation. Include any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

Also in this section, list all companies or individuals which directly or indirectly control or are controlled by, or under control of, the applicant. Along with the list, include an organizational chart for clarification purposes.

In addition, provide a list of all d/b/a's, trade names, fictitious names or names the general public may recognize.

- B. **Management:** Applicant is to give the warranty experience of each individual (by name) involved in the areas of marketing, reserving, claims handling, accounting and investments.
- C. **Warranty Products:** Applicant should give a description of each product it plans to market.
- D. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, commission rates, projected growth pattern and other pertinent facts effecting the warranty marketing plans.

Section III- 5 States Where Applicant is Currently Doing Business

- A. In this section, the applicant should provide a list of all states in which it is currently authorized to transact business.
- B. The applicant should provide a description of all current business transacted in Florida.

Section III- 6 Alphabetical List of Proposed Sales Representatives (Official Form Enclosed)

The applicant should complete the attached form relating to proposed salesmen. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of salesmen may be obtained from the Bureau of Licensing by calling (850) 413-3137.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS
SECTION IV – MANAGEMENT**

ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.

Section IV-1 List of All Officers, Directors, and Shareholders

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% or more), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholders owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.
- C. Full names, including middle names, must be listed. Please state if a middle name does not exist.

Section IV-2 Biographical Affidavit for Officers, Directors and Shareholders

Provide a Biographical Affidavit (Form OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on the Biographical Affidavit, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also, please mark CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to ensure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

Section IV-3 Background Investigative Reports

A Background Investigative Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer to Form OIR-C1-905 for instructions.

Section IV-4 Fingerprint Cards

Fingerprint cards must be completed for each person listed in Section IV-1. **No fingerprint cards, other than those furnished by the Office, will be accepted.** The cards will be furnished by the Office upon request. These cards must be completed at a law enforcement or similar type agency and returned to this Office for processing. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure for instructions.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS
SECTION V - FORMS AND RATES**

NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS.

Section V-1 Warranty Forms

Submit three copies of all warranty forms and related forms proposed to be used. The serially pre-numbered contract forms should include, at a minimum, spaces for the following: the selling price paid by the consumer, the name of the issuing sales representative, the date the contract was issued, the name and street address of the warranty holder, and the warranty period.

Section V-2 Rates

Submit three copies of the rates to be charged including all modifications of rates and premiums.

Section V-3 Commission Structure

Submit a complete breakdown of the proposed commission structure.

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

**CHECK LIST
SECTION I - APPLICATION FORM AND FEES**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Insurer application fee paid.....	<input type="checkbox"/>
(a) Copy of invoice included (Official Form)	<input type="checkbox"/>
(b) Copy of check	<input type="checkbox"/>
(c) Original mailed to Bureau of Financial and Support Services	<input type="checkbox"/>
2. Fingerprint fees paid electronically.....	<input type="checkbox"/>
(a) Copy of on-line payment confirmation	<input type="checkbox"/>
3. Company completed application for license (Official Form).....	<input type="checkbox"/>
(a) All blanks completed	<input type="checkbox"/>
(b) Sealed by company	<input type="checkbox"/>
(c) Signed by President (original signature)	<input type="checkbox"/>

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

**CHECK LIST
SECTION II - LEGAL**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation.....	<input type="checkbox"/>
(a) Original certification by state of domicile	<input type="checkbox"/>
(b) Articles with all amendments attached	<input type="checkbox"/>
2. Certificate of Status from State of Domicile	<input type="checkbox"/>
(a) Good standing indicated	<input type="checkbox"/>
(b) Sealed by state	<input type="checkbox"/>
(c) Signed by proper public official	<input type="checkbox"/>
(d) Original	<input type="checkbox"/>
3. Company By Laws	<input type="checkbox"/>
(a) Signed and dated by corporate secretary	<input type="checkbox"/>
(b) Sealed by company (corporate seal)	<input type="checkbox"/>
4. Service of Process Consent and Agreement (Official Form)	<input type="checkbox"/>
(a) Signed and dated by	<input type="checkbox"/>
(1). President or Chief Executive Officer	<input type="checkbox"/>

- (2). Secretary
- (b) Sealed by company (corporate seal)
- (c) Original with all blanks completed
- 5. Certificate of Status from Florida Secretary of State (Foreign Corporations Only)
 - (a) Original
- 6. Fictitious Name Certificate (if applicable)
 - (a) Original

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

**CHECK LIST
SECTION III - FINANCIAL**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Financial Statements.....	<input type="checkbox"/>
(a) Not over twelve months old	<input type="checkbox"/>
(b) Verified under oath by at least two of the principal officers	<input type="checkbox"/>
(c) If indication of a parent corporation in Section IV, financial statements for parent (direct and ultimate)	<input type="checkbox"/>
2. Financial Requirement.....	<input type="checkbox"/>
(a) The gross written premium in force	<input type="checkbox"/>
(b) The applicant must comply with either of the following	
(1) A copy of the executed contractual liability Insurance policy	<input type="checkbox"/>
or	
(2) A sworn statement of intent to establish a reserve	<input type="checkbox"/>
If applicable, a list of assets funding the reserve	<input type="checkbox"/>
(c) Ratio compliance properly reflected	<input type="checkbox"/>
3. Deposit	<input type="checkbox"/>
(a) Warrantor - \$50,000	<input type="checkbox"/>
or	
(b) Warranty Seller - \$100,000	<input type="checkbox"/>
or	

- (c) In lieu of deposit, surety bond in like amount (Official Form).....
- (d) Evidence of deposit or original surety bond
- 4. Plan of Operations
 - (a) History
 - List of controlling or controlled companies
 - List of d/b/a's, trade names, or fictitious names
 - (b) Management
 - (c) Warranty products
 - (d) Marketing and growth
- 5. List of states applicant is authorized to do business in
- 6. List of sales representatives (Official Form).....

**APPLICATION FOR LICENSE
SERVICE WARRANTY ASSOCIATION**

**CHECK LIST
SECTION IV - MANAGEMENT**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Listing of officers, directors, controlling individuals and shareholders.....	<input type="checkbox"/>
a. Separate listing of all officers, directors, controlling individuals, and shareholders including percentage held and number and class of shares for the company and its parents and/or holding companies (Official Form	<input type="checkbox"/>
b. If parent company indicated, organization chart.....	<input type="checkbox"/>
c. Full names and titles listed (including full middle name or indication if one does not exist)	<input type="checkbox"/>
2. Biographical Affidavits for each individual listed in Section IV-1 (Official Form).....	<input type="checkbox"/>
For each biographical affidavit:	
(a) All blanks completed	<input type="checkbox"/>
(b) "Yes" answers explained	<input type="checkbox"/>
(c) Contains original signature	<input type="checkbox"/>
(d) Notarized (original)	<input type="checkbox"/>
(e) Submitted original of each affidavit	<input type="checkbox"/>
(f) Provide Social Security Number on separate page.....	<input type="checkbox"/>

3. Background Investigative Report for each individual listed in Section IV-1

4. Fingerprint Cards enclosed for each person listed in Section IV-1.....

For each card:

(a) Card obtained from Office of Insurance Regulation

(b) Card contains original signature

(c) No erasures on or alteration of card

(d) All blanks completed

**APPLICATION FOR LICENSE SERVICE
WARRANTY ASSOCIATION**

**CHECK LIST
SECTION V - FORMS AND RATES**

Company Name: _____

<u>Item #</u>	<u>Completion Check List</u>
1. Warranty forms	<input type="checkbox"/>
(a) 3 copies	<input type="checkbox"/>
(b) Serially pre-numbered	<input type="checkbox"/>
(c) Spaces for selling price paid by the consumer, name of issuing sales representative, date issued, warranty-holder's name and street address, and warranty period	<input checked="" type="checkbox"/>
Rates to be charged	<input type="checkbox"/>
(a) 3 copies	<input type="checkbox"/>
3. Proposed commission structure	<input type="checkbox"/>

CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by _____, that he/she has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I 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.

Dated _____

(Give full and exact name of Applicant)

Signature of President, Secretary, or Treasurer

Printed Name

Printed Title

**APPLICATION FOR LICENSE TO CONDUCT BUSINESS
IN THE STATE OF FLORIDA
(Service Warranty Association)**

_____, 20____

TO THE INSURANCE COMMISSIONER OF THE STATE OF FLORIDA,
TALLAHASSEE, FLORIDA

SIR: The _____
(Give name of company or association in full)

Federal Identification Number _____

of _____
(Home Office Address) (City) (State) (Zip)

Telephone: () _____ Fax: () _____

E-Mail Address: _____

through its duly authorized officers, hereby applies for license authorizing and empowering the Company or Association aforesaid to transact service warranty business in the State of Florida, under the laws thereof and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

(Corporate Seal)

By _____
President or Chief Executive Officer

Attest _____
Secretary

Name of Attorney or Principal filing this application:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

INVOICE

**SERVICE WARRANTY ASSOCIATION
REQUEST FOR PAYMENT OF APPLICATION FEES**

NAME OF COMPANY: _____

FEIN# _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

(CITY) (STATE) (ZIP CODE)

In reference to the submission by the above-referenced insurer's application to do business in Florida, it is necessary for you to return this form with the proper payment.

PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and **mail the check and invoice only** to the Florida Department of Financial Services, Bureau of Financial Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.

2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

<u>RECEIPT NUMBER</u>	AMOUNT	TYPE	CLASS	FUND	ACCT	SOURCE
	\$200.00	10	32	3	00	2
