



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 <https://www.floir.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:

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

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

APPLICATION FOR LICENSE RATING ORGANIZATION

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fee

Applicants 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

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, 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.

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SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

A. Submit 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.

B. 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 Affidavits

Provide a Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) for each individual listed in Section IV-1. Applicant may omit individuals for those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit with an associated background report on file with the Office, and the Biographical Affidavit was signed and notarized within 2 years of the date of the Application being filed, a Biographical Affidavit and associated background report need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained.

Each Biographical Affidavit must be signed and notarized.

The affiant's social security number must be submitted to the Office. 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 to ensure that the owners, management, officers, and directors of any entity regulated by the Office 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 or more.

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, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

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Section IV-3 Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

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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

SECTION IV - MANAGEMENT

- 1. Management Information Forms (Form OIR-C1-2221)
 - a. Submitted for all required entities
 - b. Organizational chart showing all affiliated entities (if applicable)
- 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - a. All information completed (no blanks)
 - b. "Yes" answers explained
 - c. Signed
 - d. Notarized
- 3. Background investigative reports for all required individuals (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 (OIR-C1-938)
 - a. All information completed (no blanks)
 - b. Signed

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: _____

OIR-C1-PCR1
Rev.: 07/23
Rule: 69O-136.100

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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.