



Department of Financial Services
 Office of Insurance Regulation – Specialty Product Administration

Licensee: _____

 Address: _____

 City, State Zip _____

APPLICATION for RENEWAL of
 CERTIFICATE OF AUTHORITY
 LEGAL EXPENSE INSURANCE

For the period: 06/01/20 __ __ to 05/31/20 __ __

Federal Employer ID Number: __ __ - __ __ __ __ __ __
 FL Company Code: 7 5 __ __ __

Due by May 31

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS LEGAL EXPENSE INSURANCE CERTIFICATE OF AUTHORITY AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

 Name and Title Signature Date

 Name and Title Signature Date

INSTRUCTIONS:

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$300.00 made payable to: **Florida Department of Financial Services.**
2. Application must be signed by:
 - a. The owner or authorized representative, if a sole-proprietorship.
 - b. The president and secretary, if a corporation.
 - c. The managing or senior partner(s) or managing director(s), if a partnership or association.
 (If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before May 31 by:

Florida Department of Financial Services
 Revenue Processing Section
 Post Office Box 6100
 Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$300.00	10	34	G	3091