



Office of Insurance Regulation
Company Admissions

APPLICATION FOR LICENSE
HOME WARRANTY ASSOCIATION

The Office receives applications electronically. Please submit your application at <http://www.floir.com/iportal>, using the i-Apply link to Online Company Admissions.

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.

Any questions concerning this application package may be directed to the Application Coordinator at appcoord@floir.com. For iApply only questions, contact the Application Coordinator at iapply@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.

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR LICENSE
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS
SECTION I - APPLICATION FEES AND FORMS**

Section 1-1_License Fee

Applicants must pay a license fee of \$200. This fee is 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, FL 32314-6100

Place a copy of the INVOICE and a copy of the check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fee.

Section 1-2 Fingerprint Fee

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. Please see form OIR-C1-938 for instructions. The fingerprint cards are to be submitted with the application filing.

Place a copy of your on-line payment confirmation along with the fingerprint cards in the management section (IV-5).

NOTE: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see form OIR-C1-938 for instructions.

NOTE: Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.

Section 1-3 Application for License to Conduct Business in the State of Florida (Home 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.

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR LICENSE
HOME WARRANTY ASSOCIATION**

**INSTRUCTIONS
SECTION II - LEGAL**

Section 11-1 Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. They must be recently certified by the 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 11-2 Certificate of Status from Florida Secretary of State

Provide an original 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 11-3 Company Bylaws

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

Section 11-4 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 11-5 Fictitious Name Filing

If the organization plans to utilize a fictitious name, include in this section one certified copy (not a photocopy) 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).

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Section 11-6 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 an original document, not a copy.

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OFFICE OF INSURANCE REGULATION
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**INSTRUCTIONS
SECTION III - FINANCIAL**

Section 111-1 Financial Statements

The applicant must submit complete financial statements that contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than twelve (12) months old.

Section 111-2 Financial Requirements

The applicant must comply with either of the following:

- A. 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,

- B. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.3077(1), Florida Statutes. If the applicant has home warranties on its books at the time of application, provide a list of the assets funding the reserve.

Section 111-3 Deposit

To assure the faithful performance of its obligations to its contract holders in the event of insolvency, each home warranty association shall, before the issuance of its license, deposit and maintain securities of the type eligible for deposit. a.) Home warranty associations shall deposit \$100,000 in securities in accordance with Section 625.52, Florida Statutes. OR, b.) The applicant may file with the Office, subject to the approval by the Office, a surety bond issued by an authorized surety insurer not to exceed an amount of \$75,000 plus; a deposit equal to a minimum amount of \$25,000 in securities in accordance with Section 625.52, Florida Statutes.

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

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

Section 111-4 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill 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. Indicate 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. Include the names and addresses of all affiliates, subsidiaries, or related entities. Along with the list, an organizational chart must be included for clarification purposes.

In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize. Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this State as will tend to mislead or confuse the public, as required by Section 634.304 (3), Florida Statutes.

B. **Management.** Applicant is to provide its home warranty experience in the areas of marketing, claims handling, accounting and investments.

C. **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, rates, and commissions, projected growth pattern and other pertinent information affecting marketing plans.

Section 111-5 States Where Applicant is Currently Doing Business

In this section, the applicant should provide a list of states in which it or affiliated companies conduct home warranty business.

Section 111-6 Alphabetical List of Proposed Sales Representatives

The applicant should complete the attached form relating to proposed sales representatives. 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 sales representatives may be obtained from the Bureau of Licensing by calling (850) 413-3137.

**DEPARTMENT OF FINANCIAL SERVICES
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HOME 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 Statement and 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 sections 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 page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

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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 insure 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 Investigative Background Reports

An Investigative Background 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. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Please place the completed fingerprint cards in this section.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

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**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR LICENSE
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**INSTRUCTIONS
SECTION V - FORMS AND RATES**

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

Section V-1_Forms

Submit three copies of all proposed warranty contracts, related forms and sales brochures. The warranty contracts and applications for warranty contracts should be serially pre-numbered and contain spaces for the selling price; the name of the issuing sales representative; the date of issuance; the contract period; and the name, address and phone number of the contract holder.

Section V-2 Rates

Submit three copies of all rates to be charged, rating schedules or rating manuals. Please note that all warranty contracts must be sold at the approved rates.

Section V-3 Commission Structure

Submit a complete breakdown of your proposed commission structure. This breakdown should include but not be limited to: sales representatives, agents, insurers and licensed administrators.

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR LICENSE
HOME WARRANTY ASSOCIATION**

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

Company Name: _____

Item #	Completion Check List
1.	Specialty insurer license fee paid
	(a) Copy of invoice included (Official Form)
	(b) Copy of check
	(c) Copies placed as top documents in application
	(d) Original mailed to Bureau of Financial Services
2.	Fingerprint fees paid electronically
(a)	Copy of on-line payment confirmation
	Or, if applicable
	(b) Copy of form OIR-C1-903 (Invoice) included
	(c) Copy of Check included
	(d) Originals mailed to Bureau of Financial Services
3.	Company completed application for license (Official Form)
	(a) All blanks completed
	(b) Sealed by company
	(c) Signed by President (original signature)

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR LICENSE
HOME WARRANTY ASSOCIATION**

**CHECK LIST
SECTION II - LEGAL**

Company Name: _____

Item #	Completion Check List
1. Articles of Incorporation	___
(a) Original certification by State of domicile's public custodian	___
(b) Articles with all amendments attached	___
2. Certificate of Status from Florida	___
(a) Good standing indicated	___
(b) Sealed by State	___
(c) Signed by Secretary of State	___
(d) Original.	___
3. Company Bylaws	___
(a) Signed and dated by corporate secretary	___
(b) Sealed by the company (corporate seal)	___

- 4. Service of Process Consent and Agreement
 (Official Form)_____
 - (a) Signed and dated by:
 - 1. President or Chief Executive Officer_____
 - 2. Secretary_____
 - (b) Sealed by company (corporate seal)_____
 - (c) Original with all blanks completed_____
- 5. Fictitious Name Certificate (if applicable)_____
 - (a) Original_____
- 6. Certificate of Status from State of Domicile....._____
 - (a) Good standing indicated_____
 - (b) Sealed by State_____
 - (c) Signed by Secretary of State_____
 - (d) Original_____

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR LICENSE
HOME WARRANTY ASSOCIATION**

**CHECK LIST
SECTION 111 - FINANCIAL**

Company Name: _____

Item #	Completion Check List
1. Financial Statements	_____
(a) Balance sheet	_____
(b) Income statement	_____
(c) Statement of cash flows	_____
(d) Verified under oath by at least two of the principal officers	_____
(e) Not over 12 months old	_____
(f) If indication of a parent corporation in Section IV, financial statement for parent	_____
2. Financial requirements	_____
(a) A copy of the executed contractual liability insurance policy	_____
Or	
(b) A sworn statement of intent to establish a reserve	_____
If applicable, a list of the assets funding the reserve	_____
3. Deposit:	
(a) \$100,000	_____
Or	
(b) \$25,000 and \$75,000 Surety bond	_____

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- 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) Products__
 - (d) Marketing & Growth__
- 5. List of states in which the applicant is licensed to operate__
- 6. List of sales representatives (Official Form)__

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR LICENSE
HOME WARRANTY ASSOCIATION**

**CHECK LIST
SECTION IV - MANAGEMENT**

Company Name: _____

- | Item # | Completion
Check List |
|--------|---|
| 1. | Listing of all officers, directors, controlling individuals and shareholders____ |
| | 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) |
| | b. If parent company indicated, organization chart |
| | c. Full names and titles listed (including full middle name or indication if one does not exist) |
| 2. | Biographical Affidavits for each individual listed in Section IV-1 (Official Form) |
| | For each form: |
| | (a) All blanks completed |
| | (b) Contains original signature |
| | (c) Notarized (original) |
| | (d) Full name given (including full middle name or indication if one does not exist) |
| | (e) Submitted original of each affidavit |
| | (f) Provide Social Security Number on separate page..... |

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- 3. Investigative Background 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 the Office of Insurance Regulation (b)
- Card contains original signature (c)
- No erasures on or alteration of card (d)
- All blanks completed

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
APPLICATION FOR LICENSE
HOME WARRANTY ASSOCIATION**

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

Company Name: _____

Item #	Completion Check List
1. Forms and sales brochures	_____
(a) 3 copies	_____
(b) Serially pre-numbered	_____
(a) Spaces for:	
(1) Selling price	_____
(2) Name of issuing sales representatives	_____ (3)
Date of issuance	_____ (4)
Contract period	_____
(5) Contract holder's names, address, and phone number	_____
2. Rates to be charged	_____
(a) 3 copies	_____
3. Proposed commission structure	_____

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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

(Entity Name)

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

DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION

APPLICATION FOR LICENSE TO CONDUCT BUSINESS
IN THE STATE OF FLORIDA
HOME WARRANTY ASSOCIATION

_____, 20__

TO THE DIRECTOR OF INSURANCE REGULATION OF THE STATE OF FLORIDA,
TALLAHASSEE, FLORIDA

SIR: The _____
(Give name of applicant company 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 aforesaid to transact home 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.

By: _____
President or Chief Executive Officer

(Corporate Seal)

Attest _____
Secretary

Name of Attorney or Principal filing this application:

Name: _____ Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____

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INVOICE

**DEPARTMENT OF FINANCIAL SERVICES
OFFICE OF INSURANCE REGULATION
HOME WARRANTY ASSOCIATION
REQUEST FOR PAYMENT OF APPLICATION FEES**

The enclosed check number _____, in the amount of \$ _____, dated _____ is transmitted herewith to cover taxes and fees due the State of Florida.

Corporation Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

(Corporate Official)

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

FOR DEPARTMENT USE ONLY

.RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	AMOUNT	SOURCE
	\$200.00	10	31			
LICENSE NUMBER	Dated		Mailed			
	MO	DAY	YR	MO	DAY	YR
						MAILED BY