Florida Office of Insurance Regulation

APPLICATION FOR PROVISIONAL CERTIFICATE OF AUTHORITY FOR A CONTINUING CARE PROVIDER

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 http://www.floir.com/iportal and select "Form & Rate Filing Assembly and Submission" 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 by selecting iApply – Online Company Admissions at the following link:

http://www.floir.com/iportal

Any questions concerning this application packet or iApply for Life and Health applicants may be directed to lhappcoord@floir.com. Property and Casualty applicants are directed to pcappcoord@floir.com.

INSTRUCTIONS

SECTION I - APPLICATION FEES

Section I-1 Application Fees

Applicants must pay an application-filing fee of $50 U.S. Dollars ("USD") pursuant to Section 651.015(2)(e), Florida Statutes. This fee is due at the time the application packet is filed and is not refundable.

Secure your check to the Invoice in this application and mail to:

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

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

Section I-2 Fingerprint Processing 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 II - LEGAL

Section II-1 Authorization Letter

Provide a letter of authorization for anyone other than company personnel or the company-sponsoring agent, designating the named individual to represent the Applicant.

Section II-2 Organizational Documents

Submit a copy of Applicant's organizational documents or charter documents, such as Articles of Incorporation, Partnership Agreements, Trust Agreements, Association Membership Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant.

Section II-3 Bylaws

Submit a copy of Applicant's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the Applicant does not have this position.

Section II-4 Certificate of Status

Submit a certificate of status dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

Section II-5 Fictitious Name Filing

If the Applicant plans to utilize a fictitious name, provide documentation of compliance with Section 865.09, Florida Statutes, dealing with fictitious names.

Section II-6 Parent Companies and Controlling Partners

Provide complete documents required in Sections II-2 through II-5 for all entities controlling the Applicant upward to the ultimate controlling entity.

Section II-7 Organizational Charts

Furnish complete organizational charts for Applicant. The organizational charts should disclose the relationship between all entities in the organizational structure, include all parent, holding, subsidiary, and other affiliated companies, and state all ownership percentages.

Section II-8 Service of Process Consent & Agreement

Provide a properly executed Service of Process Consent & Agreement form (Form OIR-C1-144).

SECTION III - FINANCIAL

Section III-1 Plan of Operations

Submit a general summary of the plan of operations of Applicant. The plan should include management structure, healthcare delivery system, and a description of the types of continuing care contracts offered, including health care benefits and refundable contract options. This plan should be consistent with the feasibility study.

Section III-2 Interrogatories

Submit complete responses to all interrogatories attached as Exhibit III-2.

Section III-3 Applicant's Unaudited Quarterly Financial Statements

Furnish a copy of Applicant's most recent unaudited quarterly financial statements. If Applicant relies on funding from an affiliate or controlling company, provide the most recent quarterly financial statements for that entity as well.

Section III-4 Applicant's Annual Financial Statements

Furnish a copy of Applicant's most recent annual financial statements. Please provide audited financial statements, if available. If Applicant relies on funding from an affiliate or controlling company, provide the most recent annual financial statements or audit for that entity as well.

Section III-5 Applicant's History in the Industry

Furnish a history of the Applicant including the following information.

(A) A brief history of the company since its incorporation.

(B) A history of the Applicant's operations in Florida.

(C) A brief description of the management experience of each individual (by name) involved in the operation of the Applicant and the facility.

(D) A description of the experience of any controlling company or management company in the field of continuing care.

(E) Provide a listing of all continuing care facilities currently or previously owned, managed or developed by the Applicant. As used in this paragraph, "Applicant" includes the Applicant and its affiliates and principals. The listing must include the following information:

i. The facility's name, address, city, and state;
ii. An indication of if Applicant's role with the facility was that of an owner, manger, developer, or a combination thereof;
iii. An indication regarding whether Applicant is currently involved with the facility or if their involvement has ceased;
iv. For facilities located outside of the state of Florida, an indication of whether the facility is regulated by a state agency similar to the Office of Insurance Regulation. If so, please provide the name of the agency and indicate whether the facility currently holds a license issued by the agency or if a license was previously held; and
v. Disclosure of any administrative actions, bankruptcy or receivership proceedings, violations of financing covenants and related defaults, or similar significant financial or regulatory issues that occurred while the facility was owned, managed, or being developed by Applicant. For previously owned, managed, or developed facilities, include any such occurrences up to one year after the relationship was terminated.

Applicant may submit documentation, including but not limited to written explanations, consultant reports, court filings, and audited financial statements, to describe the circumstances surrounding the issue(s) and their resolution.

(F) Regarding the facilities identified in (E) above, please provide financial statements for comparable facilities meeting the criteria described below. If audited financial statements were prepared, provide audited financial statements. If audited financial statements were not prepared, provide a statement that audited financial statements were not prepared and unaudited annual financial statements.

1. Current Facilities: For comparable facilities currently owned, managed, or being developed, provide the most recent financial statements. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

2. Previous Facilities: For comparable facilities previously owned, managed, or developed, provide the financial statements prepared for the last period in which the facility was owned, managed, or being developed by Applicant. If there are more than 2 comparable facilities, please provide financial statements for at least 2 facilities based on the criteria below.

a. A facility that would be representative of the average financial and operating performance based on debt service coverage ratio, days cash on hand, occupancy, and net operating margin; and

b. The facility whose financial and operating performance is the least strong when evaluated on the basis of debt service coverage ratio, days cash on hand, occupancy, and net operating margin.

Section III-6 Proof of Ownership, Right to Operate, or Manage

If Applicant is the owner of the proposed facility site, attach a copy of the warranty deed or contract for deed. If the Applicant intends to operate the facility, attach a copy of the proposed operating agreement. If the Applicant intends to manage or employ a management company to manage the facility, attach a copy of the proposed or executed management agreement.

Section III-7 Feasibility Study

Submit an independent feasibility study that complies with the requirements of Section 651.022(3), Florida Statutes. The Application Checklist below lists the required components of the feasibility study.

The provider may submit any other information it deems relevant and appropriate to provide to enable the Office to make a more informed determination. If such information is submitted, please provide an explanation of why the additional information is relevant and appropriate to consider in reviewing the application filing.

Section III-8 Financial Ratio Projections

Please provide a projected days cash on hand, occupancy, and debt service coverage ratio calculations for the first 5 years of operations. Please explain when the provider anticipates meeting the minimum requirements provided in Sections 651.011(15) and 651.011(25), Florida Statutes. These projections should be consistent with the feasibility study.

Section III-9 Minimum Liquid Reserve Projections

Provide a projected calculation of the facility's minimum liquid reserves for the first 5 years of operations broken down by debt service reserve, operating reserve, and renewal and replacement reserve, as well as a description of how Applicant will fund the minimum liquid reserves. These projections should be consistent with the feasibility study.

Section III-10 Funding Plan and Supporting Documents

Furnish a Sources and Uses of Funds statement explaining the projects proposed method of financing and disclosing all sources and all uses of funds to be used to develop the project. The statement should describe construction and long-term financing for the facility.

Please provide available documentation regarding the Sources and Uses of Funds statement. This includes financing agreements, commitments, letters of intent to finance, term sheets, or other agreements or similar documents with affiliates, lenders, or underwriters regarding funding for the proposed facility. Please note if the documents are drafts or in final form. Provide executed copies for any agreements that are already in-force. If no such documents exist at this time, please provide a statement that such documentation is not available at this time.

If agreements have not been executed at the time of filing, please provide an explanation of the conditions precedent to the parties executing the various agreements and a timeline of when the agreements are expected to be executed.

Note that the aggregate amount of entrance fees received by or pledged to the Applicant, plus anticipated proceeds from any long-term financing commitment, and funds from all other sources in the actual possession of the Applicant, must equal at least 100% of the aggregate cost of constructing or purchasing, equipping, and furnishing the facility plus 100% of the anticipated startup losses of the facility.

Note that the Office may not approve an application that includes in the plan of financing any encumbrance of the operating reserves or renewal and replacement reserves required by Chapter 651, Florida Statutes.

Section III-11 Escrow Agreements

Submit draft escrow agreements in compliance with Sections 651.0215, 651.023, 651.033, and 651.035, Florida Statutes. The following escrow agreements should be included:

- Entrance fee escrow agreement
- Seven-day escrow agreement
- Minimum liquid reserve escrow agreements
    - Debt Service Reserve
    - Operating Reserve
    - Renewal and Replacement Reserve

A provider may submit a statement that it intends to deposit its minimum liquid reserves with the Department of Financial Services Bureau of Collateral Management pursuant to Section 651.033(1)(a), Florida Statutes, in lieu of submitting a minimum liquid reserve escrow agreement. If, after licensure, Applicant wishes to establish a minimum liquid reserve escrow account, they may submit an escrow agreement in REFS for review and approval. Escrow accounts may not be established without the prior written approval of the escrow agreement by the Office pursuant to Section 651.033(1)(c), Florida Statutes

Note that if the Applicant will have outstanding indebtedness that requires a debt service reserve to be held in escrow pursuant to a trust indenture or mortgage lien on the facility and for which the debt service reserve may only be used to pay principal and interest payments on the debt that the debtor is obligated to pay, pursuant to Section 651.035(1)(b), Florida Statutes, such an escrow account may be included in the debt service portion of its minimum liquid reserves. Please explain if Applicant will have such a debt service reserve and provide supporting documentation.

After licensure, for such an account to be applied to debt service reserves, the provider must furnish a copy of the agreement under which such debt service is held and a statement of the amount being held in escrow for the debt service reserve certified by the lender or trustee and the provider to be correct.

Section III-12 Continuing Care Contracts

Provide copies of each continuing care contract, reservation agreement, waitlist agreement, and addendum, to be entered into between the Applicant and residents, which must meet the minimum requirements of 651.022, 651.023, 651.055, and 651.061 Florida Statutes. The contracts must include a statement describing the procedures required by law relating to the release of escrowed entrance fees. Such a statement may be furnished through an addendum.

If Applicant will offer personal services or nursing services through written contractual agreement, the contractual agreement to provide personal services or nursing services must be disclosed in the contract for continuing care.

Please note that continuing care contracts must be approved by the Office before use. Review and approval of the continuing care contract forms, reservation agreements, and addendums to such agreements is independent of the application process. To begin this review process, contract forms must also be submitted for review through the IRFS portal. Such contracts may be submitted through the portal after the application has been accepted by the Office.

Section III-13 Contractors, Vendors, Services, and Other Agreements

Furnish copies of any agreements whereby the Applicant accepts obligations, debts, and encumbrances which would affect the facility.

Submit copies of any contract entered into or to be entered into by the Applicant in relation to marketing, construction, or long-term financing, leases of land or property, or management of the facility and the provision of shelter, food, and health care to residents. For example, management agreements, leases, development agreements, etc.

Please indicate if any person whose name is required to be provided in this application pursuant to Section 651.022(2)(b)1.-10., Florida Statutes, owns any interest in or receives any remuneration from, directly or indirectly, any professional service firm, association, trust, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of $10,000 USD or more.

If so, provide the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held; describe such goods, leases, or services, the probable cost to the facility or provider; and why such goods, leases, or services should not be purchased from an independent entity. Explain whether the contract or arrangement is the result of arms-length negotiations, a bid, or otherwise. If no person meets these conditions, please provide a statement to that effect.

Additionally, furnish copies of any other agreements referenced in this filing.

Section III-14 Advertisements

Furnish the form of any advertisement or other written material proposed to be used in the solicitation of residents.

SECTION IV - MANAGEMENT

Section IV-1 Management Information Forms

Please submit Management Information Forms fully describing the management, ownership, and control of Applicant up to and including any 10% or greater shareholders 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 each officer, director, and 10% or greater owner of the entity named on the form. The Management Information Form is included in the packet.

Section IV-2 Biographical Affidavits as to Officers, Directors, and Shareholders

Provide a National Association of Insurance Commissioners ("NAIC") Biographical Affidavit (NAIC Form 11) for each officer, director, and shareholder listed in Section IV-1. Applicant may omit officers, directors, and shareholders of those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit 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 need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained. Please note Item 8 of the NAIC Biographical Affidavit requires 20 years of employment history.

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 insure that the owners, management, officers, and directors of entities 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.

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 NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

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.

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.

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

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.

Please note that if any material change occurs in the facts set forth in this application while it is pending before the Office, an amendment setting forth such change must be filed with the Office within 10 business days after the Applicant becomes aware of such change, and a copy of the amendment must be sent by registered mail to the principal office of the facility and to the principal office of the controlling company. Submit copies of the registered mail return receipts when filing with the Office.

SECTION I – APPLICATION FORM AND FEES

☐ **1.** Application fee paid

☐ **a.** Copy of invoice included

☐ **b.** Copy of check

☐ **2.** All fingerprint fees paid electronically

☐ **a.** Copies of online payment confirmation

CHECKLIST

SECTION II - LEGAL

- ☐ **1.** Authorization Letter
- ☐ **2.** Organizational Documents
  - ☐ **a.** Certified by the Secretary of State (if applicable)
- ☐ **3.** Bylaws (or equivalent document)
  - ☐ **a.** Certified by corporate Secretary
- ☐ **4.** Certificate of Status
- ☐ **5.** Fictitious Name Filing (if applicable)
- ☐ **6.** Parent Companies and Controlling Partners
  - ☐ **a.** Organizational Documents
    - ☐ **i.** Certified by the Secretary of State (if applicable)
  - ☐ **b.** Bylaws
    - ☐ **ii.** Certified by corporate Secretary
  - ☐ **c.** Certificates of Status
  - ☐ **d.** Fictitious Name Filings (if applicable)
- ☐ **7.** Organizational Charts
  - ☐ **a.** Complete charts showing all parent, holding, affiliate, and subsidiary companies
  - ☐ **b.** With ownership percentages
- ☐ **8.** Service of Process Form

CHECKLIST

SECTION III – FINANCIAL

- ☐ **1.** Plan of Operations
- ☐ **2.** Interrogatories, Exhibit III-2
- ☐ **3.** Quarterly Financial Statements
  - ☐ **a.** Applicant's most recent unaudited quarterly financial statements
  - ☐ **b.** Most recent unaudited quarterly financial statements for affiliate or controlling company, if required (see directions in III-3)
- ☐ **4.** Annual Financial Statements
  - ☐ **a.** Applicant's most recent annual financial statements, audited if available
  - ☐ **b.** Most recent annual financial statements or audit for affiliate or controlling company, if required (see directions in III-4)
- ☐ **5.** Applicant's History in the Industry
  - ☐ **a.** Brief history of the company since its incorporation
  - ☐ **b.** History in Florida
  - ☐ **c.** Management experience of individuals
  - ☐ **d.** Experience of controlling companies and management companies
  - ☐ **e.** Detailed listing of continuing care experience
  - ☐ **f.** Audited financial reports of comparable facilities
- ☐ **6.** Proof of Ownership, Right to Operate, or Manage

☐ **7.** Feasibility Study

☐ **a.** Indicate the page number where each of the following required elements is located within the feasibility study:

A description of the proposed facility, including:

- The location pg _____
- The size pg _____
- The healthcare delivery system pg _____
- Anticipated completion date pg _____
- Proposed construction program pg _____

The primary market area pg _____

The secondary market area, if applicable pg _____

Projected unit sales per month pg _____

Projected revenues, including: pg _____

- Anticipated entrance fees pg _____
- Monthly service fees pg _____
- Nursing care revenues, if applicable pg _____
- Other sources of revenue pg _____

Projected expenses, including: pg _____

- Staffing requirements and salaries pg _____
- Cost of property, plant, and equipment pg _____
- Depreciation expense pg _____
- Interest expense pg _____
- Marketing expense pg _____
- Other operating expense pg _____

Projected balance sheet of the Applicant pg _____

Expectations for the financial condition of the project, including: pg _____

- Projected cash flow statement pg _____
- Estimate of funds necessary to cover startup losses pg _____

Inflation factor, if any, and a statement of how and where it is applied pg _____

Project costs pg _____

Total amount of debt financing required pg _____

Marketing activities, including: pg _____

Marketing projections pg _____

Resident rates, fees, and charges pg _____

The breakeven point pg _____

The competition pg _____

Resident contract provisions, including: pg _____

The projected amount of contractual liability attributable to refundable contracts pg _____

Any other factors that may affect the feasibility of the facility pg _____

Appropriate population projections, including: pg _____

Morbidity assumptions pg _____

Mortality assumptions pg _____

Any other assumptions used in the study pg _____

The name of the person who prepared the feasibility study and their experience in preparing similar studies or otherwise consulting in the field of continuing care pg _____

In addition to the list above, any other information that the Applicant deems relevant and appropriate to enable the Office to make a more informed determination may be included in the feasibility study.

☐ **8.** Financial Ratio Projections

☐ **a.** Days cash on hand

☐ **b.** Debt service coverage ratio

☐ **c.** Occupancy

☐ **9.** Minimum Liquid Reserve Projections

☐ **a.** Debt Service Reserve

☐ **b.** Operating Reserve

☐ **c.** Renewal and Replacement Reserve

☐ **10.** Funding Plan and Supporting Documents

☐ **a.** Sources and Uses of Funds

☐ **b.** Financing agreements

☐ **c.** Bond documents (if applicable)

- ☐ **11.** Escrow Agreements
  - ☐ **a.** Entrance fee escrow agreement
  - ☐ **b.** Seven-day escrow agreement
  - ☐ **c.** Minimum liquid reserve escrow agreements
    - ☐ **i.** Debt Service Reserve
    - ☐ **ii.** Operating Reserve
    - ☐ **iii.** Renewal and Replacement Reserve
- ☐ **12.** Continuing Care Contracts
  - ☐ **a.** Continuing care contracts
  - ☐ **b.** Reservation agreements
  - ☐ **c.** Waitlist agreements
  - ☐ **d.** Addendums
- ☐ **13.** Contractors, Vendors, Services, and Other Agreements
  - ☐ **a.** Marketing agreements
  - ☐ **b.** Development or construction contracts
  - ☐ **c.** Construction or long-term financing agreements
  - ☐ **d.** Leases of land or property
  - ☐ **e.** Management agreements
  - ☐ **f.** Contracts related to the provision of the following to residents
    - ☐ **i.** Shelter
    - ☐ **ii.** Food
    - ☐ **iii.** Health care to residents
  - ☐ **g.** Affiliated contracts pursuant to Section 651.022(2)(b)8., Florida Statutes
- ☐ **14.** Advertisements

CHECKLIST

SECTION IV – MANAGEMENT

- ☐ **1.** Management Information Forms submitted for all required entities
- ☐ **2.** Biographical affidavits 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. 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
  - ☐ **a.** All information completed (no blanks)
  - ☐ **b.** Signed

EXHIBIT III-2

INTERROGATORIES

1. The Applicant is:

Applicant Name: _____

Federal Identification Number: _____

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

Phone Number: _____

2. The contact person for the Applicant is:

Name: _____

Employer: _____

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

Phone Number: _____

Email Address: _____

3. The continuing care facility that is the subject of this application is:

Facility Name: _____

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

4. The number and type of units at the proposed facility is as follows:

_____ Independent living units
_____ Assisted living units
_____ Sheltered skilled nursing beds
_____ Community skilled nursing beds
_____ Rental units
_____ Total units

5. Health care will be provided:
_____ by the Applicant
_____ by an affiliate, pursuant to contract
_____ by a third-party, pursuant to contract

6. Health care will be provided (check one):
_____ on-site
_____ off-site

7. The assisted living or skilled nursing facilities proposed to provide care to residents are:

Facility Name: _____

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

Facility Name: _____

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

8. Identify the entity that has or will apply for the proposed nursing bed "Certificate of Need" with the Florida Agency for Health Care Administration:

Provider Name: _____

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

9. The total number of sheltered skilled nursing beds proposed is: _____.

10. The total number of community skilled nursing beds proposed is: _____.

11. Will the Applicant own or lease the facility?
_____ own
_____ lease

12. Will the Applicant employ a management company to operate the facility?
_____ yes
_____ no

If yes, submit a copy of the agreement, which must comply with Section 651.1151, Florida Statutes, in Section III-13. Submit the information required in Section IV – Management, for the management company, including complete biographical information for all owners, officers, and directors of the management company.

13. Pursuant to Section 651.022(2)(b), Florida Statutes, please attach a listing the full names, residences, and business addresses of each of the following:

a. The proprietor, if the Applicant or provider is an individual.

b. Every partner or member, if the Applicant or provider is a partnership or other unincorporated association, however organized, having fewer than 50 partners or members, together with the business name and address of the partnership or other organization.

c. The principal partners or members, if the Applicant or provider is a partnership or other unincorporated association, however organized, having 50 or more partners or members, together with the business name and business address of the partnership or other organization. If such unincorporated organization has officers and a board of directors, the full name and business address of each officer and director may be set forth in lieu of the full name and business address of its principal members.

d. The corporation and each officer and director thereof, if the Applicant or provider is a corporation.

e. Every trustee and officer, if the Applicant or provider is a trust.

f. The manager, whether an individual, corporation, partnership, or association.

g. Any stockholder holding at least a 10% interest in the operations of the facility in which the care is to be offered.

h. Any person whose name is required to be provided in the application under this paragraph and who owns any interest in or receives any remuneration from, directly or indirectly, any professional service firm, association, trust, partnership, or corporation providing goods, leases, or services to the facility for which the application is made, with a real or anticipated value of $10,000 or more, and the name and address of the professional service firm, association, trust, partnership, or corporation in which such interest is held. The Applicant shall describe such goods, leases, or services and the probable cost to the facility or provider and shall describe why such goods, leases, or services should not be purchased from an independent entity.

i. Any person, corporation, partnership, association, or trust owning land or property leased to the facility, along with a copy of the lease agreement.

j. Any affiliated parent or subsidiary corporation or partnership.

14. Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

a. Been convicted of a felony or pleaded nolo contendere to a felony charge, been held liable or enjoined in a civil action by final judgement, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property?
_____ yes
_____ no

b. Is such a proceeding currently pending?
_____ yes
_____ no

c. If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

15. Has any person identified in the listing required by question 10 above, the administrator of the facility, the manager of the facility, or any such person living in the same location:

a. Subject to a currently effective injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, an action affecting a license under Chapters 400 or 429, Florida Statutes?
_____ yes
_____ no

b. If so, provide a certified copy of the complaint and the final adjudication by the recording public official.

16. The Applicant's fiscal year-end is: _____.

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 this application submitted to the Florida Office of Insurance Regulation by _____("Applicant"), that they have read said application, and that they know the contents thereof and verify that the items indicated in the application checklist are true and complete to the best of their knowledge and have been submitted with the application. The undersigned represent that they have the authority to bind the Applicant, and that by their signatures on the instrument, the Applicant on behalf of which they have 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, 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, or similar persons with the authority to bind Applicant, will be accepted only if the Applicant does not have these positions.

Form OIR-C1-471
Rev.: 9/19
Rule 69O-193.003

INVOICE

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE NUMBER: _____

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

_____

_____
(CITY) (STATE) (ZIP CODE)

1. Make payable to the Department of Financial Services and mail check and invoice only to the 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.

   TYPE: 12 CLASS: 26 Filing Fee: $50