



**Florida Office of Insurance Regulation**

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**APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY**

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 by selecting iApply – Online Company Admissions at the following link:

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

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

# APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

## INSTRUCTIONS

### SECTION I - APPLICATION FEES

#### Section I-1      **Application Fees**

Applicants must pay a license fee of \$250 USD and an investigation fee of \$100 USD at the time of application for licensure, pursuant to Sections 627.828(5) and 627.849, Florida Statutes. These fees are due at the time the application packet is filed and are nonrefundable.

Secure your check to the Invoice on page 14 of 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 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.

# APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

## SECTION II - LEGAL

### **Section II-1           Articles of Incorporation**

Submit a copy of Applicant's Articles of Incorporation, or equivalent document, 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.

### **Section II-2           Certificate of Status from State of Domicile**

If Applicant is not a Florida domestic company, 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 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-3           Certificate of Status from Florida**

Submit a certificate of status from the Florida Secretary of State dated within the last year.

### **Section II-4           Company Bylaws**

Submit a copy of Applicant's Bylaws, or equivalent document. This document 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.

### **Section II-5           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.

### **Section II-6           Fictitious Name Filing**

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

# APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

## SECTION III – FINANCIAL

### Section III-1 Financial Requirements

All Applicants are required to provide evidence of one of the following:

- a. A statutory net worth of at least \$35,000 USD attested to by two officers of the company; or
- b. A surety bond in the amount of \$35,000 USD (Form OIR-A3-453, Premium Finance Company Surety Bond) as well as a statutory net worth of \$10,000 USD attested to by two officers of the company.
  - i. In lieu of a surety bond on the approved form, Applicant may elect to make a securities deposit in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make a securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services  
Bureau of Collateral Management  
200 East Gaines Street  
Tallahassee, FL 32399-0345

- c. Premium Finance Companies are required to, at all times, maintain an errors and omissions insurance policy of not less than \$500,000 USD covering the acts of its officers, employees, and agents. This policy may contain reasonable deductibles not to exceed 2% of the policy limits. Applicant must provide proof of this coverage.
  - i. Applicants with an unencumbered net worth of at least \$15 million USD may self-insure errors and omissions coverage provided they meet the additional requirements of Section 627.828(3)(b)(2), Florida Statutes.

### Section III-2 Plan of Operations

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

- a. **Marketing and Growth:** A statement setting forth a projection of the volume of business Applicant anticipates writing for the next three years. Include an initial marketing plan for the proposed premium finance company.

## APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

- b. Additional Sources of Capital:** A statement as to what sources of capital would be available to Applicant during periods of negative cash flow and what arrangements may have been made for handling volume which may exceed Applicant's capacity. Include any controls which Applicant may have in place to prevent acceptance of contracts in excess of the Applicant's capacity to finance them, to obtain additional financing, or to notify the agent to use another premium finance company until further notice.

If the plan includes the use of personal resources of Applicant's owners, a Personal Financial Statement form must be provided for each owner (Form OIR-C1-454 Personal Financial Statement).

If the plan includes use of the resources of affiliated or parent organization, audited financial statements of these organizations must be provided for the past three years. If no audit was performed, the financial statements must be prepared in accordance with generally accepted accounting principles and be attested to by the president and secretary of the organization (or persons holding similar positions, if not a corporation).

If Applicant intends to utilize a line of credit with a bank or other financial institution as a source of additional capitalization, a letter from the financial entity must be presented which verifies the existence or approval of the line of credit. Only a financial institution licensed as a premium finance company or exempt from the license requirement in accordance with Section 627.826, Florida Statutes, is eligible to accept premium finance contracts as collateral for loans.

- c. Assignments:** Provide a statement as to what arrangement may have been made for assigning contracts to another premium finance company, including complete details concerning the procedure to be followed in making assignments, to whom they will be made, on what terms, how and when the contracts are to be funded and by whom, and verify that the assignment will be with recourse against the assigning company.
- d. Types of Insurance Financed:** Provide a list of the types of insurance the Applicant will finance.
- e. Other Business Conducted:** If business other than financing premiums will be conducted on the licensed premises, provide a statement as to what other business will be conducted and by whom.
- f. Branches, Subsidiaries, and Affiliates:** If Applicant has one or more branches, subsidiaries, or affiliates, provide a listing of the complete names and addresses of such places of business, together with a statement as to precisely where Applicant will make available all relevant books, records, accounts and documents.

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- g. Organizational Charts:** A complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.

### **Section III-3      Forms and Rates**

Applicant must provide its service charge and interest rate plan as part of this application.

Applicant must submit the following forms, as well as any additional forms Applicant intends to use, for approval by the Office prior to use, via the Office's IRFS system (link and information provided on cover page):

- a. Premium Finance Agreement
- b. 10 Day Notice of Intent to Cancel
- c. Standard Cancellation Notice

Applicant may wish to review Form OIR-C1-955, Instructions for Statutory Compliance of Forms: Premium Finance Companies, for guidance.

# APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

## SECTION IV – MANAGEMENT

### **Section IV-1 Management Information Forms**

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.

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

Provide a National Association of Insurance Commissioners ("NAIC") Biographical Affidavit (NAIC Form 11) (Form OIR-C1-1423) for each individual listed in Section V-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 insure 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.

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.

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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](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.



**APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY**

**CHECKLIST**

**SECTION I - APPLICATION FORM & FEES**

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.**

- 1. Application fee paid
  - a. Copy of invoice included (page 14 of this form)
  - b. Copy of check
- 2. All fingerprint fees paid electronically
  - a. Copies of online payment confirmation

# APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

## CHECKLIST

### SECTION II – LEGAL

- 1. Articles of Incorporation (or equivalent)
  - a. Certified by public official
- 2. Certificate of Status from domiciliary jurisdiction
- 3. Certificate of Status from Florida
- 4. Company Bylaws (or equivalent)
  - a. Certified by Secretary
- 5. Service of Process Consent and Agreement Form OIR-C1-144
- 6. Authorization Letter (if applicable)
- 7. Fictitious Name Filing (if applicable)

# APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

## CHECKLIST

### SECTION III – FINANCIAL

#### 1. Financial Requirements (a or b)

- a. Attestation of net worth of at least \$35,000 USD; or
- b. Attestation of net worth or at least \$35,000 USD and Premium Finance Company Surety Bond (Form OIR-A3-453) for \$35,000 USD.
  - i. Proof of deposit in lieu of surety bond (as applicable)

#### 2. Plan of Operations

- a. Marketing and Growth
- b. Additional Sources of Capital
- c. Assignments
- d. Types of Insurance Financed
- e. Other Business Conducted
- f. Branches, Subsidiaries, and Affiliates
- g. Organizational Charts

#### 3. Forms and Rates

- a. Service charge and interest rate plan

# APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY

## CHECKLIST

### SECTION IV – MANAGEMENT

- 1. Management Information Form (OIR-C1-2221) submitted for all required entities
- 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. 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

**APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY**

**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 Premium Finance Company; 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 Applicant does not have these positions.

**APPLICATION FOR LICENCE PREMIUM FINANCE COMPANY**

**INVOICE**

NAME OF COMPANY: \_\_\_\_\_

FEIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
(city) (state) (zip code)

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

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

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

**FOR DEPARTMENT USE ONLY**

RECEIPT#	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE	
L.F.	\$250.00	10	10L				
I.F.	\$100.00	10	11F				
LICENSE#	Dated			Mailed			MAILED BY
	MO	DAY	YR	MO	DAY	YR	