



Office of Insurance Regulation
Company Admissions

**APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY
SERVICES ORGANIZATION**

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.

If this package requires original documents, in lieu of providing original paper documents, the Applicant is directed to submit a PDF of the original document(s) unless otherwise required by Florida Statutes.

Any questions concerning this application package or iApply may be directed to lhappcoord@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.

APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY SERVICES ORGANIZATION

This package has been developed to aid you in notifying the Office of Insurance Regulation of your intention to act as a fiscal intermediary services organization in Florida under the provisions of Section 641.316, Florida Statutes.

In order to register with the Office of Insurance Regulation, a fiscal intermediary must:

- (1) Complete and file the attached Application For Registration as a Fiscal Intermediary Services Organization and Addendum. Please fill these forms out completely. The Office of Insurance Regulation's qualification of your fiscal intermediary services organization registration under Section 641.316(6), Florida Statutes will be delayed until a fully completed registration package is received.
- (2) Provide a written statement indicating that the proposed organization will not be billing for or collecting premium on behalf of any entity.
- (3) Registration Requirements

Pursuant to Section 641.316(3), Florida Statutes, a fiscal intermediary services organization shall be required to secure and maintain a fidelity bond in the minimum amount of 10 percent of the funds handled by the intermediary in connection with its fiscal and fiduciary services during the prior year or \$1 million, whichever is less. The minimum bond amount shall be \$50,000. The fidelity bond shall protect the fiscal intermediary from loss caused by the dishonesty of its employees and must remain unimpaired for as long as the intermediary continues in business in the state.

Pursuant to F.S. 641.316(4), Florida Statutes, a fiscal intermediary services organization shall secure and maintain a surety bond on file with the Office, naming the intermediary as principal. The bond must be obtained from a company authorized to write surety insurance in the state, and the Office shall be obligee on behalf of itself and third parties. The penal sum of the bond may not be less than 5 percent of the funds handled by the intermediary in connection with its fiscal and fiduciary services during the prior year or \$250,000, whichever is less. The minimum bond amount must be \$10,000. The condition of the bond must be that the intermediary shall register with the Office and shall not misappropriate funds within its control or custody as a fiscal intermediary or fiduciary.

The following requirements pertain to each officer, director, and owners of excess of 5 percent of the common stock of the organization, or other persons responsible for the conduct and affairs of the organization.

- (a) Biographical Statement and Affidavit

The Office of Insurance Regulation's forms are enclosed with this package and must be used. Submit the original of each form.

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 mark CONFIDENTIAL at the top and

bottom of the separate page.

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. The duties of the Office 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.

(b) Background Investigative Report

Provide a background investigative report for each individual as indicated above. 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.

(c) Fingerprint Cards

Fingerprint cards must be completed for each individual as indicated above. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** These cards must be completed at a law enforcement or similar type agency and returned to this Office for processing. 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, Fingerprint Payment and Submission Procedure for instructions.

All questions regarding Fiscal Intermediary Services Organizations and their operation in Florida should be directed to the Life and Health Financial Oversight area at (850) 413-3153.

AFTER REVIEW OF ALL DOCUMENTS, YOU WILL RECEIVE A WRITTEN RESPONSE FROM THE OFFICE OF INSURANCE REGULATION WHEN THE FISCAL INTERMEDIARY SERVICES ORGANIZATION IS PROPERLY REGISTERED.

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.

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ORGANIZATION**

(Please type all information.)

1. List the name of the Fiscal Intermediary Services Organization:

2. Indicate the form of organization (i.e. corporation, partnership, etc.)

3. Provide a copy of the organizational chart.

4. Provide the name of the domiciliary state:

5. List any other names under which the Fiscal Intermediary Services Organization is or may be doing business in this state or any other state if different than above.

6. List the complete physical address of the Fiscal Intermediary Services Organization.

7. List the name, title, address and telephone number of each officer/director of the Fiscal Intermediary Services Organization and the key officer or staff person responsible for overseeing operations of the group. (Attach additional pages if necessary.)

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8. Submit a business plan to include a description of the services to be performed by the Fiscal Intermediary Services Organization (FISO), the entities with which the FISO will be contracting, and the amount of funds estimated to be handled by the FISO.
9. Submit a sample contract that the FISO intends to use if plans are to use another rather than the HMO provider contract.
10. Provide a copy of the executed fidelity bond pursuant to Section 641.316(3), Florida Statutes.

Section 641.316(3), Florida Statutes indicates:

"A fiscal intermediary services organization that is operated for the purpose of acquiring and administering provider contracts with managed care plans for professional health care services, including, but not limited to, medical, surgical, chiropractic, dental, and podiatry care, and which performs fiduciary or fiscal intermediary services shall be required to secure and maintain a fidelity bond in the minimum amount of 10 percent of the funds handled by the intermediary in connection with its fiscal and fiduciary services during the prior year or \$1 million, whichever is less. The minimum bond amount shall be \$50,000. The fidelity bond shall protect the fiscal intermediary from loss caused by the dishonesty of its employees and must remain unimpaired for as long as the intermediary continues in business in the state."

The fidelity bond should include: the name of both the insurer and the insured; a description of the bond; and the amount and term of the bond. In addition, the Office of Insurance Regulation should be included as an additional insured for purposes of notification of termination. This notification should provide the Office of Insurance Regulation at least 30 days advance written notification of the termination.

11. Provide a copy of the executed surety bond on the Office of Insurance Regulation approved bond form pursuant to Section 641.316(4), Florida Statutes.

Section 641.316(4), Florida Statutes indicates:

"A fiscal intermediary services organization...shall secure and maintain a surety bond on file with the Office of Insurance Regulation, naming the intermediary as principal. The bond must be obtained from a company authorized to write surety insurance in the state, and the Office of Insurance Regulation shall be obligee on behalf of itself and third parties. The penal sum of the bond may not be less than 5 percent of the funds handled by the intermediary in connection with its fiscal and fiduciary services during the prior year or \$250,000, whichever is less. The minimum bond amount must be \$10,000. The condition of the bond must be that the intermediary shall register with the Office of Insurance Regulation and shall not misappropriate funds within its control or custody as a fiscal intermediary or fiduciary. The aggregate liability of the surety for any and all breaches of the conditions of the bond may not exceed the penal sum of the bond. The bond must be continuous in form, must be renewed annually by the surety upon its giving 30 days' written notice of termination to the Office of Insurance Regulation."

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The surety bond should include: the name of both the insurer and the insured; a description of the bond; and the amount and term of the bond. In addition, the Office of Insurance Regulation should be included as an additional insured for purposes of notification of termination. This notification should provide the Office of Insurance Regulation at least 30 days advance written notification of the termination.

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

President or Chief Executive Officer

Secretary

Sworn before me this _____ day of _____, 20 ____.

NOTARY PUBLIC

State of:

My Commission Expires:

**APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY SERVICES
ORGANIZATION**

**State of Florida
Office of Insurance Regulation
200 E. Gaines Street
Tallahassee, Florida 32399-0319**

FISCAL INTERMEDIARY SURETY BOND

Bond # _____

KNOW ALL MEN BY THESE PRESENTS,
that _____, fiscal intermediary services organization,
which place of business is _____, Florida as
Principal, and _____ as Surety are held and
firmly bound unto THE OFFICE OF INSURANCE REGULATION, as Obligee, or its successors in
office, in the penal sum of _____ Thousand dollars (\$ _____) [not less
than \$ 10,000.00], in the lawful money of the United States of America, for payment of which well
and truly to be made, we bind ourselves, and our and each of our heirs, executors, administrators,
successors and assigns jointly and severally, firmly by these presents:

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT the Principal, the above bounden
_____ shall faithfully comply with and conduct business in
accordance with the provisions of the fiscal intermediary services law, Section 641.316(4) Florida
Statutes, and abide by all applicable rules and regulations of the OFFICE OF INSURANCE
REGULATION as promulgated by the DIRECTOR OF OFFICE OF INSURANCE
REGULATION. However, nothing in this bond shall be construed to require the surety to provide
coverage or otherwise indemnify the Obligee for any violations of any applicable statutes, rules
or regulations except as specifically provided below.

This bond shall be in favor of the OFFICE OF INSURANCE REGULATION as the obligee, shall
be registered with the OFFICE OF INSURANCE REGULATION and shall specifically authorize
recovery by the OFFICE OF INSURANCE REGULATION of the damages sustained in case the
principal or its officers, agents, or employees misappropriate funds within its control or custody as
a fiscal intermediary or fiduciary.

THE SURETY BOND SHALL PROVIDE coverage to the OFFICE OF INSURANCE
REGULATION only against loss caused by the dishonesty of the fiscal intermediary or its officers,
employees and agents and must remain in force for as long as the fiscal intermediary does
business in this state.

**APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY SERVICES
ORGANIZATION**

FISCAL INTERMEDIARY SURETY BOND

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be canceled and discontinued by giving thirty (30) days notice in writing to the Principal and filed with THE OFFICE OF INSURANCE REGULATION, or its successors in office, by United States Registered Mail and this Bond shall be deemed canceled at the expiration of the thirty (30) days from the receipt of said notice, the surety remaining liable for all obligations covered by this bond, which may have accrued by default of the Principal prior to the effective date of the cancellation.

IN WITNESS WHEREOF the said Principal has caused these presents to be executed by affixing thereto his or her signature, and the said surety has caused presents to be executed by the signature of its attorney in fact and its corporate seal to be affixed hereto attested by its attorney in fact this _____ day of _____, 20_____. This bond shall become effective on the _____ day of _____, 20_____, and remain in force until canceled.

Principal

Surety (Name of Insurance Company)

Witness to Principal

Attorney in Fact (signature)



INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: http://www.naic.org/industry_ucaa.htm
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

bkgrnd-inv@foir.com

Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.

6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Questions regarding this process may be directed to pcappcoord@foir.com (Property and Casualty applicants) or to lhappcoord@foir.com (Life and Health applicants).

FINGERPRINTS AND SOCIAL SECURITY NUMBER

The purpose of this form is to provide required disclosures regarding the use of your fingerprints and the confidentiality of your social security number. **Submit the third page marked confidential to the Office with your application.** For information on how to submit your fingerprints go to www.floir.com/home/company-admissions/fingerprint-instructions.

FDLE NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS FOR A CRIMINAL HISTORY RECORD CHECK

NOTICE OF:

- RETENTION OF FINGERPRINTS,
- PRIVACY POLICY, AND
- RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of the search are returned to the authorized agency ORI indicated in the transaction. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the agency from which you are seeking approval to be employed, licensed, or have access to their facility. The fingerprints submitted are retained by FDLE and the Federal Bureau of Investigation (FBI), and FDLE will notify the agency of any subsequent arrests.

Your Social Security Account Number (SSAN) is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. § 552a), FDLE is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. FDLE does not require a SSAN but it could cause a delay in processing your criminal history record check.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625- 2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor within a reasonable time.

The FBI's Privacy Statement follows on a separate page and contains additional information.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal rules providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based record checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch that has published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



CONFIDENTIAL

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. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: _____
Applicant's Social Security Number: _____

The requirement for the applicant's social security is mandatory.

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 ensure 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. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to the public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

CONFIDENTIAL

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Form A UCAA Type: UCAA Type Other: Other

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Applicant Company Name

Address: Applicant Company Address

City: Applicant Company City

State/Province: State/Province

Postal Code: Postal Code

Phone: Phone

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: First Name Middle: Middle Name Last: Last Name

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? If yes, what country?

3. Affiant's occupation or profession: Affiant's occupation or profession

4. Affiant's business address: Affiant's business address

Business telephone: Business telephone

Business email: Business email

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
<u>College/University (C/U)</u>	<u>C/U City/State</u>	<u>MM/YY-MM/YY</u>	<u>Degree Obtained</u>	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Graduate Studies (GS)</u>	<u>GS College/University</u>	<u>GS City/State</u>	<u>MM/YY-MM/YY</u>	<u>GS Degree Obtained</u>
<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
<u>Other Training: Name (OT)</u>	<u>OT City/State</u>	<u>MM/YY-MM/YY</u>	<u>OT Degree/Certification Obtained</u>	

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>
<u>Name of Soc./Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc./Assoc.</u>	<u>Telephone No. of Soc./Assoc.</u>

7. Present or proposed position with the Applicant Company: Present or proposed position with the Applicant Company

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY- MM/YY) MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business

Supervisor/Contact: Supervisor/Contact

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business

Supervisor/Contact: Supervisor/Contact

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business

Supervisor/Contact: Supervisor/Contact

Beginning/Ending

Dates (MM/YY): MM/YY- MM/YY Employer's Name: Employer's Name.

Address: Address City: City State/Province: State/Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office/Position

Type of Business: Type of Business

Supervisor/Contact: Supervisor/Contact

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: [Give Details](#)

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: [Give Details](#)

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, “SSN”, “12-SSN-345” or “1234-SSN” (last 6 digits)). Attach additional pages if the space provided is insufficient.

Question 10, Give Details

Organization/Issuer of License: Org/Issuer License

Address: Address

City: City

State/Province: State/Province

Country: Country

Postal Code: Postal Code

License Type: License Type

License #: License #

Date Issued (MM/YY): MM/YY

Date Expired (MM/YY): MM/YY

Reason for Termination: Reason for Termination

Non-Insurance Regulatory Phone Number (if known): Phone Number

Organization/Issuer of License: Org/Issuer License

Address: Address

City: City

State/Province: State/Province

Country: Country

Postal Code: Postal Code

License Type: License Type

License #: License #

Date Issued (MM/YY): MM/YY

Date Expired (MM/YY): MM/YY

Reason for Termination: Reason for Termination

Non-Insurance Regulatory Phone Number (if known): Phone Number

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond “no” to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

If yes, provide details including dates, locations, dispositions, etc.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person

List any entity subject to regulation by an insurance regulatory authority that control directly or indirectly.

If any of the stock is pledged or hypothecated in any way, give details. Give details if stock is pledged or hypothecated.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Provide Details.

If any of the shares of stock are pledged or hypothecated in any way, give details.

If shares are pledged or hypothecated, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: If yes, provide details.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. Group Code(s).

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

If the answer to any of the above is yes, please indicate and give details.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

Dated and signed this Day day of Month 20Year at Click or tap here to enter text. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: State of County of: County of

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification:
Produced the following identification.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Form A **UCAA Type:** UCAA Type **Other:** Other

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Applicant Company Name

Address: Applicant Company Address

City: Applicant Company City

State/Province: State/Province

Postal Code: Postal Code

Phone: Phone

1. Affiant's Full Name (Initials Not Acceptable): First: First Name Middle: Middle Name Last: Last Name

IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if NONE indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If NONE, indicate such)</u>
<u>MM/YY – MM/YY.</u>	<u>Name(s) and Specify</u>	<u>Reason.</u>
<u>MM/YY – MM/YY.</u>	<u>Name(s) and Specify</u>	<u>Reason.</u>
<u>MM/YY – MM/YY.</u>	<u>Name(s) and Specify</u>	<u>Reason.</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: XXX-XX-XXXX.

4. Government Identification Number if not a U.S. Citizen:

Government ID Number:

Govt. ID Number

Govt. ID Number

Govt. ID Number

Country of Issuance:

Country of Issuance

Country of Issuance

Country of Issuance

5. Foreign Student ID# (if applicable): Foreign Student ID Number

6. Date of Birth: (MM/DD/YY): MM/DD/YY

Place of Birth, City: Place of Birth, City

State/Province: State/Province

Country: Country

7. Name of Affiant's Spouse (if applicable): Name of Affiant's Spouse

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>MM/YY – MM/YY</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this Day day of Month, 20Year at Click or tap here to enter text. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification:
Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Company Name. [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Company's Designated Person, Position or Department, Address and Phone. **[company's designated person, position, or department, address and phone]**.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Printed Full Name and Residence Address,
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification:
Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Company Name. **[company name]** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Company's Designated Person, Position or Department, Address and Phone. **[company's designated person, position, or department, address and phone]**.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Printed Full Name and Residence Address.
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification:
Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

Applicant Company Name: Applicant Company Name
NAIC No.:NAIC No.

FEIN: FEIN

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS *(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of Company Name. **[company name]** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Name of CRA and Address. **[name of CRA, address]** ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Company's Designated Person, Position or Department, Address and Phone. **[company's designated person, position, or department, address and phone]**.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Printed Full Name and Residence Address
(Printed Full Name and Residence Address)

(Signature)

(Date)

State of: State of. County of: County of.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this Day day of Month, 20Year by By, and: who is personally known to me, or who produced the following identification: Produced the following identification..

[SEAL]

Notary Public

Printed Notary Name

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

My Commission Expires

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Applicant Company Name
NAIC No.:NAIC No.

FEIN: FEIN

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Applicant Company Name
NAIC No.: NAIC No.

FEIN: FEIN

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.



Florida Office of Insurance Regulation

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT COVER LETTER
HOLDING COMPANY STRUCTURE**

Affiant Name: _____

Group Name: _____

Group Code: _____

Purpose of Affidavit: _____

Applicant Company: _____

Insurers listed under group code:

Applicant Company Representative Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Addendum Page for additional insurers listed under group code:

Addendum Page for additional insurers listed under group code:



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Blank

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Revised 06/13/2022
FORM 11b - Blank

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions (unused pages should be left blank). Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Education

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Affiant Signature: _____

Date: _____

Page ____ of ____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	
Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below (unused sections may be left blank). The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____
Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Employment

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	
Beginning/Ending Date (MM/YY)	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

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Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum General

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. The question number and response should be provided in the format below and signed by the affiant (unused sections may be left blank. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Question #:	_____
Response:	

Question #:	_____
Response:	

Question #:	_____
Response:	

Question #:	_____
Response:	

Affiant Signature: _____ Date: _____

Page _____ of _____

Revised 06/13/2022

FORM 11b - General

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OIR-C1-0503 Rev.: 07/23 Rule: 69O-136.100

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page _____ of _____

Revised 06/13/2022
FORM 11b - General

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OIR-C1-0503 Rev.: 07/23 Rule: 690-136.100

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Question #:	
Response:	

Affiant Signature: _____ Date: _____

Page _____ of _____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Licenses

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Licenses Addendum pages are used for additional responses carried over from the biographical affidavit question 10. Responses must be completed in the format provided below (unused sections may be left blank). The Licenses Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License	_____
Address	_____
City, State/Province & Postal Code	_____
Country	_____
License Type	_____
License #	_____
Date Issued (MM/YY) & Date Expired	_____
Reason for Termination	_____
Non-Insurance Regulatory Phone Number	_____

Organization/Issuer of License	_____
Address	_____
City, State/Province & Postal Code	_____
Country	_____
License Type	_____
License #	_____
Date Issued (MM/YY) & Date Expired	_____
Reason for Termination	_____
Non-Insurance Regulatory Phone Number	_____

Organization/Issuer of License	_____
Address	_____
City, State/Province & Postal Code	_____
Country	_____
License Type	_____
License #	_____
Date Issued (MM/YY) & Date Expired	_____
Reason for Termination	_____
Non-Insurance Regulatory Phone Number	_____

Affiant Signature: _____ Date: _____
Page _____ of _____

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	

Affiant Signature: _____ Date: _____
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Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Professional

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Professional Societies and Associations Addendum pages are used for additional responses carried over from the biographical affidavit question 6. Responses must be completed in the format provided below (unused sections may be left blank). The Professional Societies and Associations Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List of memberships in professional societies and associations:

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Affiant Signature: _____ Date: _____
Page ____ of ____



Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Residence

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Residence Addendum pages are used for additional responses carried over from the biographical affidavit supplemental personal information question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Residence Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Affiant Signature: _____ Date: _____

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Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Residence Addendum pages are used for additional responses carried over from the biographical affidavit supplemental personal information question 8. Responses must be completed in the format provided below (unused sections may be left blank). The Residence Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	
Beginning/Ending Dates (MM/YY)	
Address	
City	
State/Province	
Country	
Postal Code	

Affiant Signature: _____ Date: _____
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Florida Office of Insurance Regulation

UCAA Biographical Affidavit Addendum Societies

Applicant Company Name: _____

NAIC No.: _____ FEIN: _____

The Professional Societies and Associations Addendum pages are used for additional responses carried over from the biographical affidavit question 6. Responses must be completed in the format provided below (unused sections may be left blank). The Professional Societies and Associations Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List of memberships in professional societies and associations:

Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	
Name of Society/Association	
Contact Name	
Address	
City, State/Province & Postal Code	
Telephone Number of Society/ Association	

Affiant Signature: _____ Date: _____
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