



Florida Office of Insurance Regulation

Applicant Name: _____ NAIC No. _____
FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
AFFIDAVIT OF LOST CERTIFICATE OF AUTHORITY**

STATE OF _____)

COUNTY OF _____)

BEFORE ME, the undersigned authority, on this day personally appeared _____,
who after being by me duly sworn upon oath deposes and states:

That he/she is the _____ of
(Position with Company)

(Name of Company)

_____, _____,
(City of Domicile) (State of Domicile)

and that he/she has custody and control of the minutes and other records of said corporation and that diligent search has been
made for the current Certificate of Authority issued to said corporation by the _____.
(State Department of Insurance)

This said Certificate of Authority, issued in _____, cannot be located and is considered lost, misplaced or destroyed, and
(Year)

it is therefore impossible to surrender said Certificate to the _____.
(State Department of Insurance)

In the event that the original Certificate of Authority is located, the Company will immediately return the Certificate of
Authority to the _____.
(State Department of Insurance)

DATED this _____ day of _____, 20____

(Signature)

STATE OF _____)

COUNTY OF _____)

This instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, the above named
_____, personally known to me, who, being duly sworn, deposes and says that he/she executed the
above instrument and that the statements and answers contained therein, are true and correct to the best of his/her knowledge and
belief.

Subscribed and sworn to before me this _____ day of _____, 20____

(SEAL) My commission expires:

(Notary Public)