Florida Office of Insurance Regulation

Applicant Company Name: _____ NAIC No. _____

FEIN: _____

Uniform Certificate of Authority Application (UCAA)
Primary Application

To the Insurance Commissioner/Director/Superintendent of the State of:

(Check the appropriate states in which the Applicant Company is applying.)

Alabama		Montana	
Alaska		Nebraska	
Arizona		Nevada	
Arkansas		New Hampshire	
California		New Jersey	
Colorado		New Mexico	
District of Columbia		New York	
Connecticut		North Carolina	
Delaware		North Dakota	
Florida		Ohio	
Georgia		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania	
Illinois		Puerto Rico	
Indiana		Rhode Island	
Iowa		South Carolina	
Kansas		South Dakota	
Kentucky		Tennessee	
Louisiana		Texas	
Maine		Utah	
Maryland		Vermont	
Massachusetts		Virginia	
Michigan		Washington	
Minnesota		West Virginia	
Mississippi		Wisconsin	
Missouri		Wyoming	

The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted and (c) which the Applicant Company is applying to transact.

Name of Applicant Company: _____ NAIC No.: _____ -- _____
Group Code

Home Office Address: _____

Administrative Office Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Are these addresses the same as those shown on the Applicant Company's Annual Statement?

Yes ☐ No ☐

If not, indicate why:

_____

_____

Applicant Company Name: _____ NAIC No. _____
FEIN: _____

Date Incorporated: _____ Form of Organization: _____

Billing Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

Premium Tax Statement Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

Producer Licensing Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

Rate/Form Filing Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

Consumer Affairs Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

State or Country of Domicile: _____ Date Organized: _____

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: _____

Date of Last Financial Examination: _____

Date of Last Market Conduct Examination: _____

Par Value of Issued Stock: $ _____ Surplus as regards policyholders: $ _____

Certificate of Deposit (Home State): $ _____

Ultimate Owner/Holding Company: _____

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes ☐ No ☐

If yes, give full explanation in an attached letter.

The Applicant Company hereby designates (name natural persons only) _____ , to appoint persons and entities to act as and to be licensed as agents in the State of _____ , and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments

The following information is required of the individual who is authorized to represent the Applicant Company before the department.

Name: _____
Title: _____
Mailing Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

If the representative is not employed by the Applicant Company, please provide a company contact person in order to facilitate requests for detailed financial information.

Name: _____
Title: _____
Mailing Address: _____
E-Mail Address: _____ Phone: _____ Fax: _____

Applicant Company Name: _____ NAIC No. _____
FEIN: _____

Please provide a listing of all other applications filed by the Applicant Company, or any of its affiliates, that are pending before the Department.

_____

_____

Applicant Company Officers' Certification and Attestation

One of the officers (listed below) of the Applicant Company must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.

2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.

3. I acknowledge that I am the _____of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.

4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this _____ at _____.

_____ _____
Date Signature of President

_____
Full Legal Name of President

_____ _____
Date Signature of Secretary

_____
Full Legal Name of Secretary

_____ _____
Date Signature of Treasurer

_____
Full Legal Name of Treasurer

_____
Name of Applicant Company

_____ _____
Date Signature of Witness

_____
Full Legal Name of Witness