



Florida Office of Insurance Regulation

LICENSE RENEWAL RATING ORGANIZATION

This packet is designed to assist individuals in preparing the application for license renewal or information update 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 at the following link:

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

Any questions concerning this application packet may be directed to pcappcoord@floir.com.

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CHECKLIST

Please complete and check off all relevant items prior to submission. Submit the completed checklist with the application. Indicate if this is a license renewal or information update below.

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License Renewal: If a license renewal, Applicant should check off and submit items 1 & 2 as well as any additional information that needs to be updated.

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Information Update: If an information update only, Applicant should check off and submit only the items to be updated.

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1. Applicant Name & Address

NAME OF COMPANY: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

(city)

(state)

(zip code)

If adding a fictitious name, provide documentation of Applicant's compliance with the fictitious name statutes of this state.

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2. Fee (only for license renewals)

Rating Organizations must pay a license renewal fee of \$25 U.S. Dollars, pursuant to Section 627.221, Florida Statutes. This fee is due at the time the application is filed and is not refundable.

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3. Organizational Document

If updating, submit a copy of Applicant's Articles of Incorporation, Constitution, Articles of Agreement, or Articles of Association, and all amendments to those documents, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

OIR-C1-PCR2

Effective: 01/25

Rule 690-136.100, F.A.C.

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☐ 4. Bylaws or Similar Documents

If updating, submit a copy of Applicant's Bylaws, or equivalent document regulating the conduct of Applicant's internal affairs. This document should be certified within the last year by Applicant's Secretary as a true and correct copy of the current document. Only the Secretary's signature will be accepted unless Applicant does not have this position.

☐ 5. List of Members and Subscribers

If updating, submit a current list of Applicant's members and subscribers.

☐ 6. Changes in Kinds of Insurance

If updating, provide a completed Uniform Certificate of Authority (UCAA) Lines of Insurance form (Form OIR-C1-1416) indicating all lines of insurance for which Applicant is applying to act as a rating organization. Provide an updated statement of qualification at the same time pursuant to the instructions in Section III-3 of Form OIR-C1-PCR1, Application for License Rating Organization.

☐ 7. Management Information

If there have been any changes in Applicant's management, ownership, or the individuals or entities having direct or indirect control of Applicant, up to and including any 10% or greater interest holders of the ultimate parent, Applicant should submit a new Management Information Form OIR-C1-2221 for the relevant entity and comply with the directions in IV-2, IV-3, and IV-4 of Form OIR-C1-PCR1, Application for License Rating Organization.

☐ 8. Resident Agent

If updating, below provide the name and address of a resident of this state upon whom notices or orders of the office or process affecting Applicant may be served.

Name: _____

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

Email Address: _____