



Florida Surplus Lines Association

APPLICATION FOR FSLA MEMBERSHIP

A. GENERAL INFORMATION

1. NAME OF FIRM: _____

2. PRINCIPAL ADDRESS: _____

3. MAILING ADDRESS (if different from above) _____

4. TELEPHONE NO: _____ FACSIMILE NO: _____

5. TELEX: _____ ANSWERBACK: _____

() CORPORATION () PARTNERSHIP () INDIVIDUAL

TAXPAYER I.D. NO: _____

B. BACKGROUND

1. YEAR BUSINESS ESTABLISHED: _____

2. DURING THE PAST FIVE (5) YEARS HAS THE FIRM ACQUIRED/MERGED WITH ANOTHER FIRM, OR HAS THE FIRM CHANGED NAMES? YES _____ NO _____
IF YES, PLEASE DESCRIBE _____

3. IS THE FIRM ENGAGED IN, OWNED BY, ASSOCIATED OR AFFILIATED WITH, OR CONTROLLED BY ANY OTHER BUSINESS INTEREST? YES _____ NO _____
IF YES, PLEASE EXPLAIN _____

4. ARE YOU A MEMBER OF: NAPSLO? _____ AAMGA? _____ OTHER? _____
IF OTHER, PLEASE LIST? _____

5. HAS ANY MEMBER OF YOUR FIRM RECEIVED ANY DISCIPLINARY ACTION BY A STATE INSURANCE DEPARTMENT OR THEIR REGULATORY AUTHORITY?
YES _____ NO _____
IF YES, PLEASE EXPLAIN _____

C. PRINCIPALS & PERSONNEL

1. BREAKDOWN OF THE FIRM'S STAFF:	Current Year	Prior Year
PRINCIPALS/PARTNERS, OWNERS	_____	_____
OFFICERS, MANAGERS	_____	_____
BROKERS (other than above)	_____	_____
OTHER EMPLOYEES	_____	_____
TOTAL STAFF	_____	_____

2. OWNERS (LIST IN ORDER OF % OF OWNERSHIP)

NAME	TITLE OR POSITION	YEAR STARTED IN INSURANCE	YEAR STARTED WITH THE FIRM	% OF OWNERSHIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. NAME OF DESIGNATED PRIMARY AGENT: _____

D. OPERATIONS

1. DO YOU WRITE BUSINESS OUTSIDE OF THE STATE OF FLORIDA? YES _____ NO _____
 IF YES, PLEASE EXPLAIN _____

LIST ALL BRANCH OFFICES: _____

2. DOES YOUR FIRM OPERATE AS A WHOLESALER, MGA, RETAILER, OR COMBINATION?
 _____ %RETAIL _____ %WHOLESALE BROKERAGE _____ %MGA BINDING AUTHORITY

3. HOW IS YOUR ORGANIZATION LICENSED, I.E., SURPLUS LINES AGENT (1-20), GENERAL LINES AGENT (2-20), OR OTHER INSURANCE ORGANIZATION? _____

4. DO THE RETAIL AGENTS/BROKERS FOR WHOM YOU PLACE BUSINESS SIGN AN AGREEMENT AS REPECTS SUBMISSION OF BUSINESS AND PAYMENT OF PREMIUM?
 YES _____ NO _____

E. COMPANY REPRESENTATION

1. LIST MAJOR COMPANIES REPRESENTED

NAME	YEARS REPRESENTED	BINDING AUTHORITY (If yes, see below)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. DESCRIBE SCOPE OF BINDING AUTHORITY, I.E., LIMIT OF AUTHORITY, LINE OF INSURANCE, ETC. _____

3. COMPANIES DISCONTINUED IN THE LAST FIVE YEARS:

THE UNDERSIGNED HEREBY DECLARES THAT THE ANSWERS GIVEN WITH RESPECT TO THE FOREGOING QUESTIONS ARE TRUE, COMPLETED AND ACCURATE WITH NO MISREPRESENTATION OMISSIONS, OR ANY OTHER CONCEALMENT OF FACT.

SIGNATURE OF APPLICANT: _____

DATE: _____

TITLE : _____

*** INCLUDE COPIES OF YOUR 1-20 SURPLUS LICENSE**

ANNUAL DUES \$900.00 (Membership \$800.00, SURPAC \$100.00)

Please mail completed application to
Florida Surplus Lines Association, P.O. Box 3312444, Atlantic Beach, FL 32233.