



Florida Surplus Lines Association Membership Application

Company/Firm Name: _____
 Principal Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____ E-mail: _____
 Taxpayer ID Number: _____
 Contact Name: _____ Contact Title: _____

Corporation Partnership Individual

Surplus Lines Agents	Type of Surplus License

BACKGROUND

Year Business was Established: _____

During the last 5 years, has the firm acquired/merged with another firm?

Yes No

If yes, please describe: _____

Has the firm changed names?

Yes No

If yes, please describe: _____

Is the firm engaged in, owned by, associated or affiliated with, or controlled by any other business interest?

Yes No

If yes, please describe: _____

Has any member of your firm received any disciplinary actions by a State Insurance Department or their regulatory authority?

Yes No

If yes, please describe: _____

Are you a member of: N.A.P.S.L.O. A.A.M.G.A.

List any other organizations you are a member of: _____

Principals and Personnel

Breakdown of the firm's staff:	Current Year	Previous Year
Number of Principals/Partners/Owners		
Number of Officers/Managers		
Number of Brokers		
Number of Other Employees		
Total Number of Staff		

Owners (List in order of % of ownership)

Name: _____ **Title/Position:** _____
Year Started in Insurance: _____ **Year Started with Firm** _____
% of Ownership: _____ **Email:** _____

FL Insurance License Type: _____ **FL Insurance License Number:** _____ **National Producer Number:** _____
(Choose one)

Surplus Lines Agent 1-20
 General Lines Agent 2-20
 Non-Resident Surplus Lines Agent 91-20

Name: _____ **Title/Position:** _____
Year Started in Insurance: _____ **Year Started with Firm** _____
% of Ownership: _____ **Email:** _____

FL Insurance License Type: _____ **FL Insurance License Number:** _____ **National Producer Number:** _____
(Choose one)

Surplus Lines Agent 1-20
 General Lines Agent 2-20
 Non-Resident Surplus Lines Agent 91-20

Name: _____ **Title/Position:** _____
Year Started in Insurance: _____ **Year Started with Firm** _____
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(Choose one)

Surplus Lines Agent 1-20
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 Non-Resident Surplus Lines Agent 91-20

Name: _____ **Title/Position:** _____
Year Started in Insurance: _____ **Year Started with Firm** _____
% of Ownership: _____ **Email:** _____

FL Insurance License Type: _____ **FL Insurance License Number:** _____ **National Producer Number:** _____
(Choose one)

Surplus Lines Agent 1-20
 General Lines Agent 2-20
 Non-Resident Surplus Lines Agent 91-20

Name: _____ **Title/Position:** _____
Year Started in Insurance: _____ **Year Started with Firm** _____
% of Ownership: _____ **Email:** _____

FL Insurance License Type: _____ **FL Insurance License Number:** _____ **National Producer Number:** _____
(Choose one)

Surplus Lines Agent 1-20
 General Lines Agent 2-20
 Non-Resident Surplus Lines Agent 91-20

Name of designated Primary Agent: _____

OPERATIONS

Do you write business outside of Florida?

Yes No

If yes, please describe: _____

Does your firm operate as a wholesaler? Yes No

MGA

Retailer

Combination

% Retailer	% Wholesale Brokerage	% MGA Binding Authority

FLDFS Agency License Number: _____

Company Representation

List Major Companies Represented

Name	Years Represented	Binding Authority?	Admitted?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Describe scope of Binding Authority i.e. Limit of Authority, Line of Insurance, etc.

Please list any companies discontinued in the last 5 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 of Applicant: _____

Include copies of your 1-20 Surplus Lines License

2018 FSLA Annual Membership: \$1,100

***Number of Branch Offices _____ x \$300 = \$ _____**

SurPac Suggested Contribution: \$350

Other Amount: \$ _____

Total Amount Enclosed: \$ _____

***Please use the following sheet to provide information about each of your Branch Offices**

**Send Membership Payments to:
Florida Surplus Lines Association
325 John Knox Rd #L103
Tallahassee, FL 32303
Fax to: (850) 222-3019**

Payment Information

Check Payment (payable to FSLA)

Credit Card Payment **MC** **Visa** **AMEX** **Amount: \$ _____**

Credit Card Number: _____ **Exp Date:** _____ **CCV*#:** _____

* This is the 3 digit number that appears on the reverse side of your credit card. For Amex cards only, this is the 4 digit number on the front of your card.

Billing Address: _____

Name on Card: _____ **Authorized Signature:** _____

SurPac Contributions: (This is a non-deductible voluntary contribution)

Political action committees promote the welfare of the Florida Surplus Lines agent by helping elect those candidates who support the wholesale system and related issues. As a contributing member you help achieve that goal. Any individual or company may contribute any amount.

Florida Surplus Lines Association dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. The current tax code eliminates the portion of your dues attributable to lobbying expenses. It has been determined that 46% of your dues are used for these purposes, therefore only 56% of your dues are deductible as a business expense.

Branch Office Information Sheet

(Please make as many copies of this page as you need.)

Company/Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Contact Title: _____

Company/Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

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