



**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**  
 Bureau of Agent & Agency Licensing  
 200 East Gaines Street, Larson Building, Tallahassee, FL 32399-0319  
 (850) 413-3137

**DESIGNATION OF SUPERVISING AGENT FOR  
 CUSTOMER REPRESENTATIVES AND LIMITED CUSTOMER REPRESENTATIVES**

This form must be completed at the inception of supervision of a Customer Representative or a Limited Customer Representative by the supervising licensed and appointed general lines agent and **MUST BE RETAINED IN THE AGENCY'S RECORDS AT ALL TIMES.**

1.

<b>License Number</b>			
<b>Last Name</b>			
<b>First Name</b>		<b>Middle Initial</b>	
<b>Resident Street Address</b>			
<b>City</b>			
<b>State</b>			
<b>Zip Code</b>			
<b>Resident Telephone Number</b>			

2.

<b>Federal ID Number</b>			
<b>Business Name</b>			
<b>Business Telephone Number</b>			
<b>Business Street Address</b>			
<b>City</b>			
<b>State</b>			
<b>Zip Code</b>			

3.

<b>Social Security Number</b>			
<b>Last Name</b>			
<b>First Name</b>		<b>Middle Initial</b>	

4. Are there additional Customer Representatives who are supervised by the Designated Supervising Agent at the same business location given in question 2?  Yes  No. If "Yes" is marked, list complete information for each of the additional individuals. If more space is needed attach additional sheets.

<b>License #</b>		<b>Last Name</b>		<b>First Name</b>	
<b>License #</b>		<b>Last Name</b>		<b>First Name</b>	
<b>License #</b>		<b>Last Name</b>		<b>First Name</b>	

I understand that if there is a change in the above information, I must immediately complete a new form and retain the same in the agency records as listed in number 2 above.

\_\_\_\_\_  
 Signature of the licensed and appointed Designated Supervising Agent

\_\_\_\_\_  
 Date

**PLEASE RETAIN THIS FORM IN AGENCY RECORDS AT ALL TIMES,  
To Be Produced Upon Request by the Department of Financial Services.**

**INSTRUCTIONS FOR COMPLETING SUPERVISING AGENT FORM**

To be completed by a licensed and appointed general lines insurance agent within an insurance agency who is supervising at least one customer representative (CR) or limited customer representative (LCR) working in that agency. (See definition of Insurance Agency shown below.)

A supervising agent and any customer representative and/or limited customer representative appointed by that agent are required to adhere to the provisions of Rule Chapter 4-213, Florida Administrative Code, which describes the process of designating a supervising agent or appointing a customer representative or limited customer representative.

Definitions:

“Insurance Agency” is a location where any agent is engaged in the business of insurance.

“Designated Supervising Agent” is an agent designated by an agency to supervise the customer representative or limited customer representative that the agency has appointed.

“Customer Representative” is an individual appointed by a general lines agent or general lines agency to assist the agent or agency in transacting the business of insurance from the office of the agent or agency. A customer representative may not operate as an agent, or independent of an agent.

“Limited Customer Representative” is a Customer Representative who may perform only private passenger automobile insurance coverage functions.

**DO NOT MAIL THIS FORM TO THE DEPARTMENT OF FINANCIAL SERVICES. PLEASE RETAIN IN YOUR AGENCY RECORDS AT ALL TIMES.**