



North Carolina Department of Insurance

Financial Analysis & Receivership Division
Special Entities Section
1203 Mail Service Center
Raleigh, NC 27699-1203

Submit to: SpecialEntitiesSubmissions@ncdoi.gov

Notification of Intent to Develop a Continuing Care Retirement Community (Step #1 - Notification)

To the Commissioner of Insurance of the State of North Carolina:

In accordance with Chapter 58 Article 64 of the North Carolina General Statutes,

Name of Applicant

hereby provides notice to the Commissioner of Insurance of the State of North Carolina of its intent to develop a continuing care retirement community to be known as:

Name of Facility

And located at:

Address

City

County

It is understood that the licensing process in North Carolina involves a series of steps, and only upon the completion of all the steps, will a permanent license be issued. It is further understood that only upon review and approval of this Notification by the Commissioner will an applicant be authorized to disseminate materials describing the intent to develop a continuing care retirement community and to enter into fully refundable Non-Binding Reservation Agreements (NBRA's) for up to one thousand dollars (\$1,000.00) (to be placed in escrow).

PART I – GENERAL INTERROGATORIES

1. Applicant Information:

Legal Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Website: _____

Type of Legal Entity: _____ Tax - Status: For-Profit Not-For Profit

Name of Chief Executive Officer or Equivalent: _____

2. If applicable, provide the following information for any sponsor of the proposed facility. If there is more than one sponsor, submit a separate listing detailing the same information requested below:

Legal Name of Sponsor: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Website: _____

Type of Legal Entity: _____ Tax - Status: For-Profit Not-For Profit

Name of Chief Executive Officer or Equivalent: _____

3. Person to whom all correspondence and inquiries pertaining to this Notification are to be directed:

Name: _____

Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

4. Name and Location of Proposed Continuing Care Retirement Community:

Name of Facility: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

5. Bank, trust, or other independent person with whom the escrow account required by N.C.G.S. § 58-64-35 has been established:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____

PART II - EXHIBITS

In accordance with 11 NCAC 11H .0002(1)(a) please submit the following documents with this Notification:

- Exhibit 1 - A narrative describing the proposed project/facility and its proposed mode of operation.
- Exhibit 2 - A copy of the non-binding reservation agreement.
- Exhibit 3 - A copy of the executed escrow agreement.
- Exhibit 4 - Copies of any advertising materials to be used in marketing the facility.

Please label each exhibit as "Exhibit 1", "Exhibit 2", etc.

PART III - ATTESTATION OF APPLICANT

Under the penalties of perjury, I attest that I have reviewed this Notification and accompanying information, and to the best of my knowledge and belief it is true, correct and complete.

I as a duly authorized officer, principal, general partner, or trustee, am authorized to make and sign this statement on behalf of the Applicant.

Date: _____

Signature: _____

Name (type or print): _____

Title: _____