

# 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

# Application for Continuing Care Retirement Community License (Step #3 - Preliminary Certificate)

# 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 makes application to the Commissioner of Insurance of the State of North Carolina for a Preliminary Certificate for the facility (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 the application submitted herewith is for a Preliminary Certificate, which, upon issuance, gives an applicant the authority to purchase or construct a continuing care retirement community or to renovate or develop structures not already licensed as a continuing care retirement community.

## PART I – GENERAL INTERROGATORIES

| 1. | Applicant Information:  |                  |                           |  |
|----|---|------------------|---------------------------|--|
|    | Legal Name of Applicant:  |                  |                           |  |
|    | Mailing Address:  |                  |                           |  |
|    | City:   |                  |                           |  |
|    | Phone Number:   | Website:         |                           |  |
|    | Federal Tax Identification Number:  | Tax - Status: _1 | For-Profit Not-For Profit |  |
|    | Type of Legal Entity:   | Fiscal Y         | Year-End (MM/DD):         |  |
|    | Name of Chief Executive Officer or Equivalent:  |                  |                           |  |
| 2. | Person to whom all correspondence and inquiries pertaining to this application are to be directed:  Name: |                  |                           |  |
|    | Title:  |                  |                           |  |
|    | Company:  |                  |                           |  |
|    | Mailing Address:  |                  |                           |  |
|    | City:   |                  |                           |  |
|    | Phone Number:   | Fax Number:      |                           |  |
|    | E-mail Address:   |                  |                           |  |
| 3. | Facility Information:   |                  |                           |  |
|    | Name of Facility:   |                  |                           |  |
|    | Street Address:   |                  |                           |  |
|    | City:   |                  |                           |  |
|    | Phone Number:   | Website:         |                           |  |
|    | Toll-Free Number:   |                  |                           |  |

### PART II - EXHIBITS

All exhibits listed below must be submitted. If the exhibit(s) are not applicable or available, submit an explanation in place of the required exhibit(s) stating the reason(s) why they are not available or applicable.

### Submit the following exhibits:

- Exhibit I An explanation of any significant differences between actual costs and projected costs contained in the Start-Up Certificate Application.
- Exhibit II An updated Disclosure Statement.
- Exhibit III A copy of the applicant's current unaudited interim financial statements. The statements shall be prepared on the same basis as the annual audited financial statements. (This can be the copy required to be included in the disclosure statement referred to in Exhibit II).
- Exhibit IV A signed affidavit from a duly authorized officer, principal, general partner, or trustee of the applicant, certifying that the applicant has signed binding agreements for at least 50 percent of the new units, and has reserved those units with a deposit equal to at least 10 percent of the entrance fee or by a non-refundable deposit equal to the periodic fee for at least two months if the facility has no entrance fee.
- Exhibit VI For all sources of project funds, provide updates to the information disclosed in the Step 2 application:
  - 1. Details on any long-term financing for the purchase or construction of the facility including interest rate, repayment terms, loan covenants, and assets pledged.
  - 2. Details of any other funding sources that the provider anticipates using to fund any start-up losses or to provide reserve funds to assure full performance of the obligations of the provider under contracts for the provision of continuing care
  - 3. A description of any equity capital to be received.
  - 4. A copy, if applicable, of the official statement used in connection with any bonds issued for the project.
- Exhibit VII If there has been any material change to the information contained within the Application for a Start-Up Certificate which has not yet been filed with the Commissioner, submit a description and an explanation of the material change(s).

# PART III - ATTESTATION OF APPLICANT

| Under the penalties of perjury, I attest that I had of my knowledge and belief it is true, correct and |   | on and accompanying information, and to the best  |
|--|---|---|
|  | (No. of Applicant(s))                                     | V   |
|  | (Name of Applicant(s))                                    | )   |
| or enacted in the future, as a part of the con   | nsideration for a Preliminal isions of the said Insurance | rs of the State of North Carolina, presently existing, ry Certificate, and that said Applicant has neither Laws and of all acts amendatory or supplementary ded for in said laws. |
|  |   | ment of Insurance informed of any material changes<br>nity, or to any of the information contained within   |
| I as a duly authorized officer, principal, general of the Applicant.                                   | al partner, or trustee, am au                             | nthorized to make and sign this statement on behalf   |
| Date:  | Signature:  |   |
|  | Name (type or print):                                     |   |
|  | Title:  |   |
|  |   |   |

### \*\*\* General Instructions \*\*\*

# Application for Continuing Care Retirement Community License (Step #3 - Preliminary Certificate)

### I. Governing Law and Rules:

Continuing care providers in North Carolina are regulated pursuant to Chapter 58, Article 64 of the North Carolina General Statutes, and Title 11, Subchapter 11H of the North Carolina Administrative Code.

### II. General:

- A. Please complete the application in its entirety. Each question must be answered or contain a "N/A", "none" or "not applicable" where appropriate. An application containing unanswered questions will be considered incomplete.
- B. If the space provided on the application is insufficient for a full and complete response to any question, and additional space is necessary, a separate page, cross-referenced to the specific item or question asked may be submitted with the application.

### III. Processing and Review:

A. The completed application is to be submitted to:

SpecialEntitiesSubmissions@ncdoi.gov

B. Questions or inquiries are to be directed to:

North Carolina Department of Insurance Financial Analysis & Receivership Division Special Entities Section 1203 Mail Service Center Raleigh, NC 27699-1203 (919) 807-6178 or (919) 807-6612 SpecialEntitiesSubmissions@ncdoi.gov

C. Within 10 business days following the receipt of an application in proper form, the Department shall issue a "Notice of Filing" to the applicant.

- D. Within 90 days of the "Notice of Filing", the Department shall either approve the application and consider the application complete and having met the requirements of N.C.G.S. §58-64, or notify the applicant that its application is incomplete or inadequate.
  - 1. An application shall be considered having met the requirements of N.C.G.S. §58-64 if:
    - a. The application is complete;
    - b. The signed affidavit from a duly authorized officer, principal, general partner, or trustee of the applicant, indicates that the applicant has signed binding agreements for at least 50 percent of the new units, and has reserved those units with a deposit equal to at least 10 percent of the entrance fee or by a non-refundable deposit equal to the periodic fee for at least two months if the facility has no entrance fee.
    - c. The unaudited financial statements demonstrate the financial soundness of the applicant; and
    - d. The applicant is not in violation of any applicable provisions of Chapter 58 of the North Carolina General Statutes.
  - 2. If the application is determined by the Department to not meet the requirements of N.C.G.S. §58-64, the Department shall identify the deficiencies in the application, and shall give the applicant 30 days within which to correct the deficiencies.
    - a. If the deficiencies are not corrected within the time allowed, the Department may enter an order rejecting the application. The order shall include the findings of fact upon which the order is based, and will not become effective until 20 days after the end of the 30-day period.
    - b. During the 20-day period, the applicant may petition for reconsideration and will be entitled to a hearing.

### IV. Acquisitions and Mergers:

In accordance with N.C.G.S. §58-64-15, Start-Up Certificates, Preliminary Certificates, and Permanent Licenses are <u>non-transferable</u>. In the event of a proposed acquisition, merger, or change in control, the provider is to contact the North Carolina Department of Insurance for further instructions.

### V. <u>Required Report Filings:</u>

- A. After the issuance of a Preliminary Certificate, a provider must continue to submit to the Department the following within 150 days following the end of each fiscal year:
  - 1. A revised disclosure statement setting forth current information required by N.C.G.S. §58-64-20.
    - a. Where a provider owns or operates more than one facility, a consolidated financial statement is acceptable for the entire corporate entity in order to meet the requirements of N.C.G.S. § 58-64-20(a)(10), provided a separate balance sheet, statement of operations, and a statement of cash flows is submitted for each facility operated in North Carolina.

- b. If a provider owns or operates more than one facility in the State of North Carolina and files separate audited financial statements for each facility, a consolidated financial statement must also be submitted for the entire corporate entity in order to meet the requirements of N.C.G.S. § 58-64-20(a)(10).
- 2. An annual filing fee of \$1,000.00.
- B. Unless otherwise specified by the Department, each Preliminary Certificate holder must submit periodic sales, development and financial reports, not less than quarterly, in a form prescribed by the Department.
- C. Failure to file any required report, in an acceptable form and by the applicable due date, could result in an administrative fine or such other action(s) as deemed appropriate by the Department.