



FSLSO IPC Refund Requirements

IPC credit invoices may be applied to other outstanding IPC invoices, or refunded directly to the insured. If the agency has already refunded the monies to the insured, the refunds can be issued directly to the agency upon receipt of item number four below. All credits expire 90 days from the date of the invoice. Credits must be applied or requested to be refunded within 90 days of the date of the invoice or the credit will expire and the invoice will be deleted. Expired credit transactions may be resubmitted to create new invoices at any time.

The following documentation is required to process IPC tax, service fee, Citizens assessment, EMPA surcharge, and Florida Hurricane Catastrophe Fund (FHCF) assessment refunds:

- (1) A written refund request (i.e., cover letter or email) explaining the reason for the refund(s)
- (2) A copy of the credit invoice(s) to be refunded
- (3) A copy of the return premium endorsement issued by the insurance company or supporting documentation indicating a credit amount is due
- (4) Proof that the agency has refunded the taxes, fees, assessments and surcharges to the insured (note: this is only required if the refunds are being issued to the insurance agency in lieu of the insured)
- (5) Refund application(s) for the charge(s) being refunded
 - a. **An application is not required to process FSLSO service fee refunds (F invoices)**

Original signatures on the applications are required to process the refunds. **Completed refund documentation should be mailed to the address below:**

FSLSO
Attn: IPC Department
1441 Maclay Commerce Drive
Suite 200
Tallahassee, FL 32312

All IPC refunds are processed by our office within 30 days of the receipt of the refund documentation. Refunds are issued by the agencies below four to six weeks from the receipt date:

Taxes (T invoices) issued by Florida Department of Financial Services
Service Fees (F invoices) issued by Florida Surplus Lines Service Office
FHCF Assessments (H invoices) issued by State Board of Administration
Citizens Assessments (C or A invoices) issued by Citizens Property Insurance Corp
EMPA Surcharges (E invoices) issued by Florida Division of Emergency Management

Please feel free to contact the IPC Department if you have any additional questions.

IPC Collections Coordinator

Tiffany Maruniak

- Email: tmaruniak@fslso.com
- Phone: (800) 562-4496 x113

IPC Collections Specialist

Holly Grissom

- Email: hgrissom@fslso.com
- Phone: (800) 562-4496 x127



FSLSO IPC Refund Requirements

Florida Department of Financial Services Tax Refund (Invoices Ending in -T)

If you would like to request a refund for an IPC **tax (-T) invoice(s)**, please complete the following fields on the **Department of Financial Services Refund Authorization Form**:

1. Name (who the refund check should be made payable to)
2. FEIN or Social Security Number
3. Address (where the refund check should be mailed)
4. Reason for claim (reason for the refund)
5. Sign and Date (a representative of the insured or agency can sign the application)

Note: FSLSO will complete the refund amount and date paid field – please leave these fields blank

Tax refunds are issued 4-6 weeks from the receipt date by the Florida Department of Financial Services. Please mail the completed application to the following address:

FSLSO
Attn: IPC Department
1441 Maclay Commerce Drive
Suite 200
Tallahassee, FL 32312

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Chief Financial Officer, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Chief Financial Officer has delegated the authority to accept applications for refund to the unit of State government, which initially collected the money.

Pursuant to the provisions of Rule 69I-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: _____ **FEIN or SS No** _____

Address: _____

Amount: _____ **Date Paid** _____

Reason for Claim: _____

CERTIFIED TRUE AND CORRECT this _____ day of _____, _____

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ _____.

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State Treasurer's Receipt No. _____ dated _____.

NAME OF ACCOUNT: _____

ACCOUNT CODE											

Statutory Authority for Collection: _____

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

ACCOUNT CODE											

CERTIFIED TRUE AND CORRECT this _____ day of _____, _____

Agency

Signature of Authorized Person

Title



FSLSO IPC Refund Requirements

Florida Hurricane Catastrophe Fund Assessment Refund (Invoices Ending in -H)

If you would like to request a refund for an IPC **FHCF assessment (-H) invoice(s)**, please complete the following fields on the **FHCF Emergency Assessments Refund Authorization Form**:

1. Remitter Name (who the refund check should be made payable to)
2. FEIN or Social Security Number
3. Address (where the refund check should be mailed)
4. Reason for Refund
5. Request From (person completing the application)
6. Request Date
7. Sign and Date

Note: FSLSO will complete the Emergency Assessment Amount Paid, Date Emergency Assessment Paid, and Surplus Lines Emergency Assessment to be Refunded fields – please leave these fields blank

FHCF assessment refunds are issued 4-6 weeks from the receipt date by the Florida State Board of Administration. Please mail the completed application to the following address:

FSLSO
Attn: IPC Department
1441 Maclay Commerce Drive
Suite 200
Tallahassee, FL 32312



AUTHORIZATION TO REFUND
FOR FLORIDA SURPLUS LINES SERVICE OFFICE
Florida Hurricane Catastrophe Fund Emergency Assessments

1. **Remitter Name:** _____
2. **FEIN or Social Security Number:** _____
3. **Address:** _____

4. **Emergency Assessment Amount Paid:** _____
5. **Date Emergency Assessment Paid:** _____
6. **Reason for Refund:** _____
7. **Request From:** _____ **Request Date:** _____

Surplus Lines Emergency Assessment to be refunded: \$ _____

Signature **Date**

*****Florida Surplus Lines Service Office Use Only*****

I have verified the refund calculations as indicated above:

Approved by: _____ Date: _____

Authorized by: _____ Date: _____



FSLSO IPC Refund Requirements

Citizens Property Insurance Corporation Assessment Refund

(Invoices Ending in -C or -A)

If you would like to request a refund for an **IPC Citizens assessment (-A, -C) invoice(s)**, please complete the following fields on the **Citizens Refund Authorization Form**:

1. Remitter Name (who the refund check should be made payable to)
2. FEIN or Social Security Number
3. Address (where the refund check should be mailed)
4. Reason for Refund
5. Request From (person completing the application)
6. Request Date
7. Sign and Date

Note: FSLSO will complete the Assessment Amount Paid, Date Assessment Paid, and Assessment to be Refunded fields

Citizens assessment refunds are issued 4-6 weeks from the receipt date by Citizens Property Insurance Corporation. Please mail the completed application to the following address:

FSLSO
Attn: IPC Department
1441 Maclay Commerce Drive
Suite 200
Tallahassee, FL 32312



AUTHORIZATION TO REFUND
FOR FLORIDA SURPLUS LINES SERVICE OFFICE
SURPLUS LINES ASSESSMENT

- 1. Remitter Name: _____
- 2. Address: _____

- 3. Assessment Type: Regular (6.84%) _____ Emergency (1.4%) _____
- 4. Assessment Amount Paid: _____
- 5. Date Assessment Paid: _____
- 6. Reason for Refund: _____
- 7. Request From: _____ Request Date: _____

Surplus Lines Assessment to be refunded: \$ _____

Signature Date

*****Florida Surplus Lines Service Office Use Only*****

I have verified the refund calculations as indicated above:

Approved by: _____ Date: _____

Authorized by: _____ Date: _____

**Please mail completed application to:
FLSO
1441 Maclay Commerce Drive
Suite 200
Tallahassee, FL 32312**



FSLSO IPC Refund Requirements

FL Division of Emergency Management

EMPA Surcharge Refund

(Invoices Ending in -E)

If you would like to request a refund for an IPC **EMPA Surcharge (-E) invoice(s)**, please complete the following fields on the **Florida Division of Emergency Management Refund Authorization Form**:

1. Remitter Name(who the refund check should be made payable to)
2. FEIN or Social Security Number
3. Address (where the refund check should be mailed)
4. Reason for Refund
5. Request From (person completing the application)
6. Request Date
7. Sign and Date

Note: FSLSO will complete the Surcharge Amount Paid, Date Surcharge Paid, and Surplus Lines Surcharge to be Refunded fields

EMPA surcharge refunds are issued 4-6 weeks from the receipt date by the Florida Division of Emergency Management. Please mail the completed application to the following address:

FSLSO
Attn: IPC Department
1441 Maclay Commerce Drive
Suite 200
Tallahassee, FL 32312



AUTHORIZATION TO REFUND
FOR FLORIDA SURPLUS LINES SERVICE OFFICE
SURPLUS LINES SURCHARGE

- 1. Remitter Name: _____
- FEIN or Social Security
- 2. Number: _____
- 3. Address: _____

- 4. Surcharge Amount Paid: _____
- 5. Date Surcharge Paid: _____
- 6. Reason for Refund: _____
- 7. Request From: _____ Request Date: _____

Surplus Lines Surcharge to be refunded: \$ _____

Signature Date

*****Florida Surplus Lines Service Office Use Only*****

I have verified the refund calculations as indicated above:

Approved by: _____ Date: _____

Authorized by: _____ Date: _____