



Florida Market Assistance Plan (FMAP)

Admin Company Registration

Company Information

Enter your company name, NAIC#, Florida company code, and minimum time (in days) needed to solicit consumers and provide offer of coverage (where applicable) once you have found a consumer record that matches your selection criteria.

*Company Name:

*NAIC#: *Florida Company Code:

*Minimum number of days needed to solicit and provide offer of coverage (lead time):

Company Contact Information

Enter company contact information: name, email address and phone numbers. FMAP will email the address provided to alert you when consumer records match your search criteria (nightly) or when you forget your password and you request a reminder.

*Name: *First Middle *Last

*Email: *Re-enter Email Address:

*Title:

*Work Phone: () - Extn:

Mobile: () -

Fax: () -

Company Mailing Address

Enter your address in address line 1 and address line 2 fields. FMAP system verifies/corrects the address when you hit *Save* button. If the address is not recognized, alternate choices may be presented. If the alternate choice(s) presented do not match your address, and the address you supplied is correct, please check *Ignore address verification/correction* checkbox, enter the county where the address is located, and the address verification will be skipped. * symbol represents mandatory fields.

*Address Line1:

Address Line2:

City:

*State: *Zip: -

*Country: