DBPR EL-4517 - Approved Language for Employee Leasing Company Letter of Credit

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION 2601 Blair Stone Road Tallahassee, FL 32399-0783

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **(850) 487-1395**.

EMPLOYEE LEASING COMPANY LETTER OF CREDIT		
For Account of:		
(Employee Leasing Company (ELC) Name)		
BANK ADDRESS		
Bank Name		
Bank Address		
City	State	Zip Code (+4 optional)
We hereby establish our irrevocable Letter of Credit #	, effective	(date),
in the name of	(ELC) , a	Florida corporation, and
authorize the Florida Department of Business and Professional Regulation, Board of Employee Leasing		
Companies, to draw on this Letter of Credit up to the amount of \$\ when presented.		
It is understood that the Department of Business and Professional Regulation, Board of Employee		
Leasing Companies, will provide written authorization that(ELC)		
has incurred a liability, and that monies represented are required for payment thereof.		
This Letter of Credit is issued so that (ELC) may		
meet the financial requirements of the Department of Business and Professional Regulation, and may be		
presented when (ELC) is in violation of tangible accounting net worth and/or net		
working capital requirements as set forth in section 468.525(3)(d), Florida Statutes. Except as otherwise		
expressly stated herein, this advice is subject to the Uniform Customs and Practice for Commercial		
Documentary Credits (1983 Revision) fixed by the International Chamber of Commercial Publication		
Number 400.		
It is a condition of this Letter of Credit that it shall be deemed automatically extended without amendment for one year from the present or any future expiration date hereof, unless at least sixty (60) days before any such expiration date we send notice to the Department of Business and Professional Regulation, that we elect not to renew this Letter for such additional period.		
Countersigned: Since	rely:	
By: By:	Printed Name of S	r. Vice President
Signature of Vice President	Signature of Sr.	. Vice President

Please send your completed application, documentation and required fee(s) to:

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