

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**Security Device Calculation Form**

**GENERAL INSTRUCTIONS**

Form OFR-560-07 is the form used by Money Services Business licensees to calculate the amount of their surety bond, collateral deposit, or combination thereof. This form requires the licensee to calculate the amount of their money services business transactions at the end of each calendar year for the previous 12 months.

Each money transmitter and payment instrument seller must file this form with the Office no later than January 31 of each year for the preceding calendar year of January 1 – December 31 (For example, licensees should file this form no later than January 31, 2008 for the calendar year January 1, 2007 – December 31, 2007). Each licensee will then have sixty (60) calendar days from January 31st to provide the Office with evidence supporting the newly calculated amount of their security device. Evidence supporting the new device amount includes, but is not limited to, a fully executed surety bond or pledge agreement form or a rider from the licensee's existing bonding company indicating the updated amount of the surety bond.

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**Return the completed form to:**

**Office of Financial Regulation  
Division of Finance  
200 East Gaines St  
Tallahassee, FL 32399-0376**

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**1. Registrant Information**

File number – This is a number assigned by the Office of Financial Regulation.

Name of the Licensee – Name under which license is issued.

D/B/A or Fictitious Name – Name the business operates under other than the entity name.

Contact Person – Provide the name of the person who can answer questions about the information provided in the report.

Telephone and Fax Number – Provide the telephone and fax number of the contact person for questions regarding the report.

**2. Declaration**

The form must be signed by an authorized person of the licensee. This includes, but is not limited to, an officer, partner, member, joint venturer, controlling shareholder or responsible person of the licensee. Include the authorized signor's printed name, title and date signed.

**3. Questions 1 – 5.**

**1.** Determine the number of active branches and authorized vendor locations of the licensee as of December 31 and enter the number on question 1. If the number of active branches and authorized vendor locations is 250 or more, the licensee must maintain a collateral device of no less than \$2,000,000. If the number of active branches and authorized vendor locations is less than 250, complete questions 2 through 6 and provide a collateral device in an amount equal to 2% of the licensee's volume of business for the last calendar year.

**2.** Determine if your business is conducting money transmissions via armored cars and the amount of your security device.

**3.** Enter the U. S. Dollar (\$) amount of money transmissions and/or payment instrument transactions for the previous calendar year. If no business was conducted during an entire quarter, then indicate by entering zero (0) in the appropriate box(es). **Do not enter "N/A" or leave a box blank.**

**4.** Enter the combined total of U. S. Dollar (\$) money transmissions and/or payment instruments transactions.

**5.** Multiply the amount entered on line 4 by (.02) and enter that amount on line 5.

**6.** Based on your answer to question 5, determine the amount of your security device using the schedule in question 6. Enter that amount on line 6.

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION  
SECURITY DEVICE CALCULATION FORM**

**LICENSEE INFORMATION** (Answer all questions listed below)

FILE NUMBER: \_\_\_\_\_

NAME OF LICENSEE: \_\_\_\_\_

D/B/A or FICTITIOUS NAME: \_\_\_\_\_

CONTACT PERSON REGARDING THIS FORM: \_\_\_\_\_

TELEPHONE #: ( \_\_\_\_ ) \_\_\_\_ -- \_\_\_\_\_      FAX #: ( \_\_\_\_ ) \_\_\_\_ -- \_\_\_\_\_

**Declaration**

I, the undersigned authorized person, hereby swear/affirm that I have full authority to sign and verify this form, that I have read this report and have knowledge of the facts stated herein, and that this form, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of my knowledge and belief.

The authorized person, hereby swear/affirm that I have full authority to sign and verify this form, that I have read this report and have knowledge of the facts stated herein, and that this form, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

File Number \_\_\_\_\_

1. **Number of active branches and authorized vendor locations as of December 31:** \_\_\_\_\_  
 Based on your answer to question 1, check the appropriate box below:

- 250 or more active branches and authorized vendor locations (Collateral device must be no less than \$2,000,000).
- Less than 250 active branches and authorized vendor locations (Complete questions 2 through 5 below and calculate your collateral device based on volume of transactions).

2. (a) **Is your money transmission business limited solely to the physical transportation of currency (or other valuables) via armored cars?** Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please complete questions 3 – 6 below to calculate your security device requirement.
- (b) **If yes to 11(a), do you maintain a cargo insurance policy in an amount equal to or greater than your maximum transported liability on any one shipment, or \$2,000,000, whichever is greater?** Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please complete questions 3 – 6 below to calculate your security device requirement.
- (c) **If yes to 11(b), your security device requirement is \$50,000. If no, please complete questions 3 – 6 below to calculate your security device requirement.**

3. **Provide the total U. S. dollar volume of inbound and outbound money transmissions or payment instrument sold for the last calendar year (January 1 – December 31):**

	Money Transmissions	Payment Instrument Sold
1st Quarter	\$ _____	\$ _____
2nd Quarter	\$ _____	\$ _____
3rd Quarter	\$ _____	\$ _____
4th Quarter	\$ _____	\$ _____
<b>Total Volume</b>	<b>Total \$</b>	<b>Total \$</b>

4. **Combined total U.S. dollar volume from Money Transmissions and/or Payment Instruments Sold:**  
 \$ \_\_\_\_\_

5. **2% of total volume (multiply Line (4) by .02)** \$ \_\_\_\_\_

6. **Based on your answer to question 5, use the table below to determine the required amount of your security device and enter the amount on this line \$ \_\_\_\_\_.**

<u>Amount in Line 5</u>	<u>Required Amount of Security Device</u>
\$0 - \$50,000	\$50,000
\$50,001 - \$100,000	\$100,000
\$100,001 – \$150,000	\$150,000
\$150,001 - \$200,000	\$200,000
\$550,001 - \$600,000	\$600,000
\$1,950,001 - \$2,000,000	\$2,000,000

**NOTE: A bond or alternative security device between \$50,000 and \$2,000,000 is required. The required amount of the collateral device shall be calculated in \$50,000 increments. If the calculation equates to an amount between each increment then the device amount shall be rounded to the next \$50,000.**