

ALABAMA SERVICE CONTRACT PROVIDER APPLICATION

Under Alabama Code Chapter 8-32-1 et seq.

**Alabama Department of Insurance, 201 Monroe Street, Suite 502
Montgomery, AL 36104**

Date: _____

Name of Provider:

President or CEO: _____

Street Address: _____

Mailing Address: _____

City, State Zip: _____

**Telephone
Number:** _____

Toll Free Number

Fax Number: _____

Email
Address: _____

FEIN #: _____

Name of Contact Person for Regulatory Matters:

TOTAL FEES (Must accompany this application) \$240.00

Form of Organization:

Proprietorship Partnership Corporation LLC Other:

If Corporation, State & Date of Incorporation (Please attach copy of articles of incorporation): _____

Is Provider Registered with the Alabama Secretary of State: Yes No State of Domicile _____

List all Officers, Directors & Control Persons* of Provider: (Please attach additional sheet if necessary)

Note: A Control Person is any person who is a partner (other than a limited partner), officer, director, or anyone having an ownership interest of 5% or more of the Provider, whether that person is an individual or other entity.

Types of Warranties or Service Contracts to be offered by Provider:

Home Warranties/Service Contracts

Service Contracts

Consumer Goods Warranties/Service Contracts

List each service contract subject to Title 8, Chapter 32, Alabama Code submitted for filing with this application. (Include a complete specimen copy of each contract.)

1. _____

2. _____

INDICATE THE METHOD USED TO MEET THE FINANCIAL SECURITY REQUIREMENT UNDER SECTION 8-32-3, Code of Alabama:

REIMBURSEMENT INSURANCE POLICY

OR FUNDED RESERVE ACCOUNT **AND** FINANCIAL SECURITY DEPOSIT

OR \$100 MILLION MINIMUM NET WORTH (attach current audited financial statement)

OR SURPLUS LINES INSURANCE POLICY (please attach copy)

"IF THE FUNDED RESERVE ACCOUNT AND FINANCIAL SECURITY DEPOSIT ARE BEING USED TO MEET THE FINANCIAL SECURITY REQUIREMENT, INDICATE WHICH TYPE IS PLACED IN TRUST WITH THE COMMISSIONER:

SURETY BOND (please attach)

SECURITIES ELIGIBLE FOR DEPOSIT (Contact Department for deposit instructions)

DEPOSIT OF CASH OR EQUIVALENT (Contact Department for deposit instructions)

LETTER OF CREDIT (please attach)

Please provide us with the following addresses

Statutory Home Office Street Address _____

City _____ State _____ Zip _____

Contact Name _____

Phone Number _____

P0 Box _____

Toll Free Number _____

City _____

Fax Number _____

State/ZIP _____ Email _____

Mailing Address Contact Name _____

Street _____ Phone _____

Number _____ P0 _____

Box _____ Toll Free _____

Number _____

City _____ Fax _____

Number _____

State/ZIP _____ Email _____

Company Renewal Contact Contact Name _____

Street _____ Phone _____

Number _____ P0 _____

Box _____ Toll Free _____

Number _____

City _____ Fax _____

Number _____

State/ZIP _____ Email _____

State/ZIP _____ Email _____

Local Alabama Representative

Contact Name _____ Street _____

City _____ State/ZIP _____

Phone Number _____ P0 Box _____

Toll Free Number _____

Fax Number _____ Email _____

Complaints Contact

Contact Name _____

Street _____

City _____

State/ZIP _____

Phone Number _____

P0 Box _____

Toll Free Number _____

Fax Number _____

Email _____

Registered Agent for service of process in Alabama Department of Insurance

Contact Name _____

Street _____

Phone Number _____

P0 Box _____

Toll Free Number _____

City _____

Fax Number _____

State/ZIP _____ Email _____

Other States Where Provider Offers Warranties/Service Contracts:

(attach additional sheet if necessary)

Please answer the following questions for the Provider and each Officer, Director and Control Person (collectively referred to as “you” in the following questions). If the answer to any question is yes, please attach a dated and signed explanation and include copies of all pertinent documents.

1. Have any of you ever been denied a license or authority to act as a Service Contract or Warranty Provider or had a license or authority to act as a Service

Contract or Warranty Provider revoked or suspended in Alabama or any other State? Yes No

2. Have any of you ever had any action taken against you by the insurance department of any state or any action against any other professional licenses that any of you hold or have held in any State or other jurisdiction?: Yes No
3. Exclusive of minor traffic violations, have any of you ever been convicted of, or plead guilty or no contest to, any crime or offense against any of the laws of the United States, any State or other jurisdiction? Yes No
4. Do any of you have any administrative, civil or criminal action pending against you in any State or other jurisdiction? Yes No
5. Have any of you ever been an Officer, Director, or Control Person of any other entity that has been denied a license by any State's insurance department, or had any administrative or criminal action taken against it by any State or other jurisdiction? Yes No

I certify that I have read and am familiar with the requirements of Chapter 8-32-1 et seq. of the Alabama Code and that the Provider meets all requirements to qualify as a Service Contract/Warranty Provider in the State of Alabama. I further certify that, after due inquiry, the information provided in this application is true and correct.

Date: _____

Authorized Signature: _____

Printed Name & Position: _____

Sworn and subscribed before me this _____ day of _____, 20 ____.

Notary: _____

(SEAL)

Date: _____