



SOUTH CAROLINA DEPARTMENT OF INSURANCE

Street Address: 1201 Main Street, Columbia, SC 29201
Mailing Address: P. O. Box 100105 - Columbia, SC 29202-3105
(803) 737-4978 - Fax (803) 737-61 00
www.doi.sc.gov - wseawright@doi.sc.gov

APPLICATION FOR:

Service Contract Provider Registration

PURSUANT TO SOUTH CAROLINA TITLE 38, CHAPTER 78

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Application Fee	RECEIPT NUMBER	
\$200		

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. Name of Provider:

2. Assumed Name (s) or "Doing Business As" (DBA) Name (s):

(Attach a separate sheet if necessary)

3. Physical Location: STREET ADDRESS MUST BE DESIGNATED BELOW. (A license will not be issued to a P.O. Box.)

Number, Street, Suite No., Apt. No.

City

State

Zip Code

4. Mailing Address: (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

Number, Street, Suite No., Apt. No.

City

State

Zip Code

5. Telephone Number:

6. Fax Number:

7. Federal ID Number:

8. Contact Person:

Name

Title

Phone

Email

9. Business Structure: Corporation Limited Partnership Limited Liability Company Sole Proprietorship

10. Indicate what types of product are covered by the service contracts for which this company is the obligor.

Vehicles Electronics Appliance Other (Please specify) _____

11. Copy of Certificate of Authority must be submitted with the registration application. Application for a Certificate of Authority can be obtained from the South Carolina Secretary of State's Office by calling (803) 734-2158.

Website Addresses/Administrators/Sellers

12. Not later than 30 days after the date of a providers initial registration, the provider must provide the Department with:

- A list of Internet Website addresses through which a consumer may purchase the provider's service contracts, if any;
- A list of administrators appointed by this provider including the administrators name, assumed name, street address, and telephone number if any; and
- A list of sellers of the provider's service contract, if any. Include the name, assumed name, street address, and telephone number.

These lists must be updated upon renewal each year.

Controlling Persons

13. Attach a Service Contract Provider Biographical Affidavit for each controlling person of the Provider applying for registration. You can view and download the biographical affidavit form at www.doi.sc.gov.

A controlling person is defined as an individual who:

1. possesses direct or indirect control of at least 25% of the voting securities of a corporation;
2. possesses the authority to set policy and direct the management of a business entity;
3. is the president, the secretary, or a director of a corporation; or
4. is a general partner of a partnership.

An individual who is a controlling person of a corporation or other business entity that is the general partner of a limited partnership is a controlling person of the limited partnership.

Financial Security Requirements

14. Indicate the method used to meet the financial security requirements as described in South Carolina Code, Title 38, Chapter 78, Code Section 38-78-30 by checking the appropriate box.

- Reimbursement insurance policy. If you choose this option please attach a copy of the policy.
- Funded reserve account and financial security deposit. You must indicate the type security deposit placed in trust with the Director of Insurance. Attach the appropriate form. And provide proof of being financially responsible (current financial statement will be acceptable)
 - Surety Bond Stand by Letter of Credit Assignment for Deposited Securities Deposit of Cash or Equivalents (Minimum \$25 thousand)
- \$100 Million minimum net worth. Attach most recent Form 10K or Form 20-F or Parent's Audited Financial Statement

NOTICE REGARDING APPLICABLE FEES

15. If you submit an insufficient fee amount with this application, or submit an outdated application form, it may be returned to you. To verify the correct form version and required fees, consult the SCDOI web site (www.doi.sc.gov) or contact SCDOI using the information at the top of this page. A \$200 fee is required with this application - Application fees are not refundable

16 SERVICE CONTRACT AGREEMENTS

In addition to the other requirements of Chapter 78, all service contract agreements must include the language shown below prior to submitting for review. South Carolina: "In the event of a dispute with the provider of this contract, you may contact the South Carolina Department of Insurance, Capitol Center, 1201 Main Street, Suite 1000. Columbia, South Carolina 29201 or [\(800\) 768-3467](tel:8007683467). This agreement is not an insurance contract."

STATEMENT OF APPLICANT

17. I certify that I will comply with all applicable provisions of Title 38, Chapters 78 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Provider under which this form is required.

Authorized Signature

Date Signed

Printed Name

Title