



Service Contract Provider Renewal Application Additional Questions

Company Name _____

Company License Number _____

Renewal Year _____ - _____

Contact Name: _____ Phone Number: _____

Email Address: _____

1. Is there a physical office in the State of South Carolina?

2. Indicate what type(s) of products are covered by the service contracts for which this company is the obligor.
 Vehicles
 Electronics
 Appliances
 Other (please specify)

3. Indicate the total number of contracts remaining in force in South Carolina on the last day of the reporting period.

4. Indicate the total number of new contracts written in South Carolina since the last renewal period.

5. Indicate the total number of complaints received from South Carolina contract holders since the last renewal period.

6. Indicate the total number of claims denied since the last renewal period.

7. Financial Statement attached?



8. Have there been any changes or additional service contracts for this period that have not been sent to the Department of Insurance? If yes, please attach. _____

9. Have there been any changes to the officers/directors that the company has not notified the Department of Insurance about? If yes, please attach a biographical affidavit for each. _____

10. How will this provider assure the faithful performance of the provider's obligations to its contract holder? Check one:

- _____ Reimbursement Insurance Policy
- _____ Net Worth of \$100,000,000.00
- _____ Funded Reserve Account

*If you have a Reimbursement Insurance Policy, attach a copy of the continuation certificate.

*If you have a Net Worth of \$100,000,000.00, attach a copy of your parent company's most recent Form 10-K filing with the Securities and Exchange Commission (SEC) or your parent company's audited financial statement audited by an independent certified public accountant (CPA).

*If you have a Funded Reserve Account, please complete the following computation to confirm the reserve account is sufficient. *(Please note: If reserve amount is negative, the provider must infuse funds into the account and provide the Department of Insurance with proof of account balance. All funds must be kept separate from the provider's operating accounts.)*

(a) Total gross consideration received from SC contract holders: _____

(b) Total claims paid during the year: _____

(c) Subtract the claims paid (b) from gross consideration (a): _____

(d) Multiply the answer in (c) by 40%: _____

(e) Total funded reserve amount (shown in (d) held in trust by provider to assure the faithful performance of the provider to SC contract holders): _____

(f) Multiply the answer in (c) by 5% - this is the total funded reserve amount held in trust by the Department of Insurance to assure the faithful performance of the provider to SC contract holders (Deposit may not be less than \$25,000.00): _____

**Please note: if the answer is more than \$25,000.00, you must increase your surety bond and submit to this office. If an increase is needed, the Department of Insurance will be in contact. This process will not hold the renewal.*

I certify that I will comply with all applicable provisions of Title 38, Chapters 39 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 Applicant under which this form is required.



Signature _____
Date _____
Name _____
Position _____

Subscribed and sworn to me before this ____ day of _____.

Notary Signature _____
My Commission Expires _____
County of _____
State of _____
(Notary Seal Affixed Here)

