

**ALABAMA SERVICE CONTRACT PROVIDER APPLICATION**

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

**Alabama Department of Insurance, 201 Monroe Street, Suite 1700  
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) \$200.00**

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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:** \_\_\_\_\_