

**ALABAMA SERVICE CONTRACT PROVIDER RENEWAL APPLICATION**

Electronic remittance is available online at <https://appengine.egov.com/apps/al/aldoi/examiners> Use to remit application, renewal fees, and any other applicable documents. Checks or money orders are no longer encouraged.

Provider Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

President or CEO: \_\_\_\_\_ SCP# \_\_\_\_\_

FEIN# \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_ Toll Free Number: \_\_\_\_\_

Name/Address of Representative

Name/Address of Agent for Service

To Answer Consumer Complaints:

Process:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INDICATE THE METHOD USED TO MEET THE FINANCIAL SECURITY REQUIREMENT UNDER SECTION 8-32-3, CODE OF ALABAMA:

- REIMBURSEMENT INSURANCE POLICY (please attach copy) **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)

The information provided is true and correct.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ Notary Public