

GOVERNOR
MARY FALLIN



INSURANCE COMMISSIONER
JOHN D. DOAK

Physical Address
5 Corporate Plaza
3625 NW 56th St Suite 100
Oklahoma City, OK 73112

Print or type all information. Additional sheets/copies, using the same format, may be attached if necessary.

Instructions: Each Home Service Contract Provider must complete this form for registration

Section 1:

Provider Name: _____

Full Corporate Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Email Address: _____ Federal tax I.D. # _____

Domicile State: _____

Section 2:

Name of service of process agent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Section 3 (if applicable):

Name of Administrator: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Section 4:

List the names and address of each officer or director of the company.

Full Name	Address	Position/Title	DOB/SSN

Section 5:

How is the entity complying with § 6753? Please provide the appropriate choice below.

 1. Reserve account & security deposit

 a. Provide adequate evidence of a funded reserve account which is no less than forty percent (40%) of gross consideration received, less claims paid, on the sale of the service contract for all in-force contracts wherever written.

And

 b. Financial security deposit having a value of not less than five percent (5%) of the gross consideration received, less claims paid, on the sale of the service contract for all contracts issued and in force wherever written. The deposit should not be less than Twenty-five Thousand

Dollars (\$25,000). The deposit can be a surety bond, securities of the type eligible for deposit by authorized insurers in this state, cash, or a letter of credit issued by a qualified financial institution

_____ 2. **\$25,000,000 Net Worth**

_____ a. Financial Statement

And

_____ b. Form 10-K or Form 20-F (if the entity does not file with the Securities and Exchange Commission, a current audited financial statement is required

_____ 3. **Contractual Liability Insurance Policy**

_____ a. Include the Contractual Liability Policy (CLP) Checklist

_____ b. Copy of the executed Contractual Liability Insurance Policy

_____ c. Copy of the approval letter from the Oklahoma Insurance Department's Rate & Form Compliance Division verifying that the contractual liability Insurance Policy has been approved from our department.

Section 6: Notary Public Information

I, _____, being first duly sworn, state that I have read the within and foregoing application and the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Insurance Laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct under the registration. I hereby affirm that I understand any intentional misstatement of fact required to be disclosed on this application constitutes a violation of the Insurance Code and shall be cause for refusal or revocation of the license.

Affiant/Title

Date

State of _____ }

Notary Public

County of _____ }

(Seal) My Commission Expires: _____