

## Vehicle Protection Product Application Checklist

- \_\_\_\_\_ 1. Complete Application
- \_\_\_\_\_ 2. \$200 Application fee
- \_\_\_\_\_ 3. Certificate of Authority from Secretary of State
- \_\_\_\_\_ 4. Certified copy of Articles of Incorporation
- \_\_\_\_\_ 5. Copy of warrantor's bylaws, certified by the CEO
- \_\_\_\_\_ 6. How is the entity complying with § 6654? Please select the appropriate choice below.

\_\_\_\_\_ **a. Warranty Reimbursement Policy**

Please provide the following documents if using a Warranty Reimbursement Policy to comply with § 6654:

\_\_\_ Copy of Warranty Reimbursement Policy

**and**

\_\_\_ Copy of approval letter from the Oklahoma Insurance Department's Property and Casualty Division, verifying that the warranty reimbursement policy has been approved by our department.

**OR**

\_\_\_\_\_ **b. Warrantor has \$50 million in net worth.**

Please provide the following documents if using net worth to comply with § 6654

\_\_\_ Financial Statement

**and**

\_\_\_ 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)

**OR**

\_\_\_\_\_ **c. Warrantor is using parent company's financial statement to guarantee \$50 million in net worth.**

Please provide the following documents if using parent company's financial statement to guarantee \$50 million in order to comply with § 6654

\_\_\_ Form 10 K or Form 20-F

**or**

\_\_\_ a current audited financial statement and a written guarantee if the entity does not file with the Securities and Exchange Commission,

**APPLICATION FOR LICENSE - VEHICLE PROTECTION PRODUCT ACT  
OKLA. STAT. TIT. 36 §§ 6650-6661**

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

**Instructions:** Each Vehicle Protection Product warrantor must complete this form for licensure, unless the warrantor is exempt pursuant to OKLA. STAT. TIT. 36 §§ 6652.

**Section One:**

- 1.1 Company Name \_\_\_\_\_
- 1.2 FEIN # \_\_\_\_\_
- 1.3 Mailing Address of warrantor \_\_\_\_\_  
\_\_\_\_\_
- 1.4 Physical address of warrantor, if different from mailing address \_\_\_\_\_  
\_\_\_\_\_
- 1.5 Telephone Number \_\_\_\_\_
- 1.6 Contact person for application \_\_\_\_\_

**Section Two:**

- 2.1 Name of service of process agent \_\_\_\_\_
- 2.2 Mailing Address of service of process agent \_\_\_\_\_  
\_\_\_\_\_
- 2.3 Telephone number \_\_\_\_\_

**Section Three: (if applicable)**

- 3.1 Name of Administrator (s) (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3.2 Mailing address of Administrator \_\_\_\_\_

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3.3 Physical address of administrator if different from mailing address \_\_\_\_\_

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3.4 Telephone number \_\_\_\_\_

**Section Four**

Names and titles of warrantor's executive officer or officers directly responsible for the  
Warrantor's Vehicle Protection Product business

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**Section Five**

**Verification to be signed by an authorized officer and notarized**

State of \_\_\_\_\_ )  
 ) ss:  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, state that I am \_\_\_\_\_(position) of \_\_\_\_\_(entity) and that I have read the foregoing application and the answers supplied by me are true and correct to the best of my knowledge and belief. Further, I will comply with the Insurance Laws of the State of Oklahoma and the Rules of the Oklahoma Insurance Department in all my conduct under this license as a Vehicle Protection Product Warrantor. I affirm that I understand any intentional misstatement of fact on this application constitutes a violation of the Insurance Code and shall be cause for denial of the license applied for.

\_\_\_\_\_  
**Affiant**

\_\_\_\_\_  
**Title**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My Commission expires:\_\_\_\_\_

**(Seal)**

My Commission Number:\_\_\_\_\_