

Department of Business and Industry

## Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787 Web: doi.nv.gov

Section I:         Provider Name       Federal Employer ID         List All Aliases or Names Under which the Company Conducts Business (Doing Business As)       Image: City of the second sec
List All Aliases or Names Under which the Company Conducts Business (Doing Business As) Home Office Address Mailing Address (if different) City Contact Name and Title Fax *email
Home Office Address     City     State     Zip       Mailing Address (if different)     City     City     State     Zip       Contact Name and Title     Phone       =ax     *email
Mailing Address (if different)     City     State     Zip       Contact Name and Title     Phone       Fax     *email
Contact Name and Title Phone Fax *email
Fax *email
Domiciliary state of applicant Date of applicant's formation in domiciliary state
correspondence information noted above may be administered.
following information (attach additional sheets if necessary). Any change of officers must be rep the Division within 30 days.
following information (attach additional sheets if necessary). Any change of officers must be reported by the Division within 30 days.NameTitleDate of BirthSocial Security Number of Birth
iollowing information (attach additional sheets if necessary). Any change of officers must be reported by the Division within 30 days.         Name       Title       Date of Birth       Social Security Nume         Residence Address       City       State       Zip
following information (attach additional sheets if necessary).       Any change of officers must be reported by the Division within 30 days.         Name       Title       Date of Birth       Social Security Number of Security Number of Security Number of Security Number of Ownership:         Residence Address       City       State       Zip         Percentage of Ownership:       Security Number of Ownership:       State       Zip
Following information (attach additional sheets if necessary). Any change of officers must be reported by the Division within 30 days.         Name       Title       Date of Birth       Social Security Number of Security Number of Security Number of Ownership:         Residence Address       City       State       Zip         Percentage of Ownership:       Title       Date of Birth       Social Security Number of Security Number of Ownership:         Name       Title       Date of Birth       Social Security Number of Security Number of Ownership:
Residence Address     City     State     Zip       Percentage of Ownership:     Title     Date of Birth     Social Security Num

Percentage of Ownership:					
Attach a copy of the applica DBA. All DBAs must be file					
Type(s) of service contract contracts:	s issued/sold by your con	npany (check all that apply	); provide a sa	ample copy of all	
Computer/Electronic Hol If you selected "Miscellaned		t □ Vehicle/Road Assistance	⊡ Miscellaneo	ous/Other	
Pursuant to NRS 690C.16 issued, sold or offered fo	or sale in Nevada.				
Contracts may be done via filing. SERFF Tracking Number:	SERFF at <b>http://www.s</b> e	erff.com. Provide the tracl	king number o	f the SERFF	
If offering home warranty s three calendar days that ar reported to the Division and sent via email to pcinsinfo	e subject to the status reg contain the same inform	porting requirements set for	orth in NAC 69	0C.110(1)(c) be	
Provide the contractor nam	ne, contract expiration dat	te, areas serviced and type	es of services	provided for	
each emergency repair company the service contract provider has contracted with to perform emergency					
each emergency repair cor	mpany the service contrac				
each emergency repair con repair services: (attach ac		ct provider has contracted			
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	dditional sheets if necessa	ct provider has contracted ary)	with to perform		
repair services: (attach ad	inistrator to be responsible for	ct provider has contracted ary)	with to perform	n emergency	
repair services: (attach ad	inistrator to be responsible for	ct provider has contracted ary)	with to perform	n emergency	
repair services: (attach ad	inistrator to be responsible for	ct provider has contracted ary) or administration of Nevada s esignated. Attach additiona	with to perform	n emergency	
repair services: (attach ad	inistrator to be responsible for of the administrator(s) de	ct provider has contracted ary) or administration of Nevada s esignated. Attach additiona	with to perform	n emergency	
repair services: (attach ad	inistrator to be responsible for of the administrator(s) de Address	ct provider has contracted ary)	with to perform	n emergency	

(b) Been insolvent or adjudged a bankrupt?	🗆 Yes 🗌 No
(c) Been refused a license or registration (including a license or registration as a service contract provider) or had an existing one suspended or revoked by any state or governmental agency or authority?	🗌 Yes 🗌 No
(d) Been fined or had any administrative actions taken by any state or governmental agency or authority in any matter regarding service contracts?	🗆 Yes 🗌 No
(e) Other than traffic infractions, are there any past/pending criminal or civil actions against any of the applicant's officers or directors?	🗆 Yes 🗌 No
(f) Sold service contracts within the State of Nevada without first obtaining a Certificate of Registration? If yes, please provide the number of contracts sold.	🗆 Yes 🗌 No
Please note: If any part of Section II was answered, "Yes," attach an explanation.	·
Section III:	

Which **one** of the following proofs of financial responsibility is the applicant using to comply with requirements of Nevada Revised Statute (NRS) 690C.170? Provide appropriate documentation for the option selected.

□ 1. Contractual Liability Insurance Policy issued by an insurer authorized to transact insurance in Nevada. Provide a copy of the policy. The policy must be active and maintained at all times for the Certificate of Registration to remain valid. Pursuant to NRS 690C.170(1)(a)(2) the contractual liability policy must contain a provision prohibiting the insurer from terminating the policy until a notice of termination has been mailed or delivered to the Division at least 60 days prior to the termination of the policy.

Each Year at Renewal: <u>Submit documentation from the insurer verifying that the policy is still current and in</u> <u>full force</u>

□ 2. Maintain a reserve account in this <u>State</u> and deposit with the Commissioner security such as a surety bond, securities eligible for deposit pursuant to NRS 682B.030, cash, an irrevocable letter of credit issued by a financial institution approved by the Commissioner, or in any other form prescribed by the Commissioner. The reserve account must contain at all times an amount of money equal to at least 40 percent of the unearned gross consideration received by the provider for any unexpired service contracts in this state. The reserve account shall be maintained exclusively for service contracts in this state, must be kept separate from the operating accounts of the provider and must be clearly identified as the "(Provider's Name) Nevada Service Contracts Funded Reserve Account" pursuant to NRS 690C.170(1)(b). A provider shall not use any money in a reserve account for any other purpose other than to pay an obligation of the provider under an unexpired service contract, NRS 690C.170(2).

A provider shall maintain the financial security required until the provider ceases doing business in Nevada <u>and</u> the provider has performed or otherwise satisfied all liabilities and obligations under all unexpired service contracts issued by the provider, NRS 690C.170(3).

## Monthly statements of the reserve account (3 monthly statements) must be submitted to the Division at the end of each calendar quarter.

The **security deposit** retained by the Commissioner must be an amount that is equal to \$25,000 or 10 percent of the unearned gross consideration received by the provider for any unexpired service contracts, whichever is greater.

**Each Year At Renewal:** The provider is required to report unearned gross consideration on all unexpired service contracts sold to Nevada residents as of the last day of each calendar quarter and submit a copy of the reserve account statement.

□ 3. Maintain or be a subsidiary of a parent company that maintains a net worth or stockholders' equity of at least \$100,000,000. Submit a copy of the most recent 10-K report or 20-F report filed with the Securities and Exchange Commission. If the company is not required to file reports with the SEC, provide a copy of the most recently audited financial statement.

Signature of Officer in Full Print Name and Title		
Date	Provider Name	Phone
Print Name and Title		
Signature of Officer in Full		
Signature of Officer in Eul		
application.	Provider Name	Phone
<u>Chapter 690C</u> of the I under penalty of perju- hereby subscribe ther <i>notified thirty (30) day</i> <b>Note:</b> This application	s that the service contracts issued in this state mee Nevada Revised Statutes and <u>Chapter 690C</u> of the Iry, (I) or (we) affirm that the statements made in the reto. <b>The Certificate of Registration is non-trans</b> <i>is prior to any change of ownership.</i>	Nevada Administrative Code, and, he foregoing application are true and sferable. The Division must be
Section IV:		
	the provider is in compliance with NRS 690C.17	70. 🗌 Yes 🗌 No
3	. The provider agrees if the certificate of registrat fails to maintain the financial security required, of cancelled or lapses, the provider shall not issue provider submits to the Commissioner proof sat	or if the financial security is or sell a service contract, until the
	690C.170.	☐ Yes ☐ No
2		
I	. The provider agrees to not use any money in a obligation of the provider under an unexpired set	
Please review and ag	-	recerve account other than to pay a
fails to maintain the fin issue or sell a service Commissioner proof s	C.170(4), If the certificate of registration of a provid nancial security or if the financial security is cancel contract on or after the effective date of such failu satisfactory to the Commissioner that the provider i	led or lapses, the provider shall not re until the provider submits to the
Please note: Pursual selected proof of finar appropriate renewal a	nt to <u>NRS 690C.120</u> , <u>NRS 690C.170</u> and <u>NRS 679</u> ncial responsibility continues in force <b>must be sub</b> application.	B.225, documentation that the mitted annually with the
	the parent company guarantees to carry out the d of or sold by the provider.	uties of the provider under any

SUBSCRIBED and SWORN to before me

this \_\_\_\_\_ day of \_\_\_\_\_\_, «Year».