



Department of Business and Industry

Nevada Division of Insurance

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

Service Contract Provider Application - Renewal

The Certificate of Registration is non-transferable.

Fees are non-refundable.

Important Notice - As a matter of law (NRS 690C.160(3)), a Certificate of Registration expires after one (1) year. There is no grace period. A Provider who offers, sells or solicits service contracts after the expiration date and without receiving confirmation from the Division that its Certificate has renewed may be subject to administrative fines (NRS 690C.330). The Division strongly recommends that the renewal application be submitted at least 30 days prior to the expiration of the Certificate to avoid any disruption to the Provider's business.

Make any corrections to your contact information below.

Provider Name: «Company»

Current Certificate Number: NV «ORGID»

Initial Certificate Issued: «Approved»

Mailing Address: «Address»

«City» «State» «zip»

Contact: «Contact»

Phone: «Phone»

Ext. «ext»

Fax: «Fax»

*Verify email: _____

*Indicate if the email address is used for all correspondence including; notifications involving new/renewal applications, Certificate of Registration status, supporting documentation requests, CLIP verification, or other matters related thereto.

Yes ___ No ___ If answering "No", the company must provide a valid contact email address below.

The following questions **MUST** be answered before your renewal application can be processed.

1. List all aliases or names under which the company conducts business (Doing Business As) in Nevada. Provide supporting documentation filed with the County Clerk of the county in which the company is doing business.

2. Have there been any changes in the officers responsible for service contract business since your **last** application? Has an existing applicant, officer or owner had any change in any of the information previously submitted?

Yes ___ No ___

If yes, attach a list and include the following information:

1. Name
2. Title
3. Date of Birth
4. Social Security Number
5. Address of Residence

3. Have there been any changes in the percentage of ownership?

Yes ____ No ____

If yes, attach a list and include the following information:

1. Name
2. Title
3. Date of Birth
4. Social Security Number
5. Address of Residence
6. Percentage of Company Owned

4. Have there been any changes in the administrator or has a new administrator been designated since the **last** application?

Yes ____ No ____

Current administrator is listed as: «Administrator»

List any changes to the current administrator **or** list the name, address and phone number of any new administrator designated. Attach additional sheets if necessary.

_____ () _____

5. In the last 10 years has the applicant, any of the officers or owners listed in questions 1 or 2:

(a) Been convicted of a felony or any misdemeanor of which an essential element is fraud? Yes ____ No ____

(b) Been insolvent or adjudged 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, in professional capacity, 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, provide the number of contracts sold. Yes ____ No ____

Note: If any part of Question 4 or 5 is answered “Yes,” attach an explanation.

6. In the **last** application, the following information was submitted as proof of compliance with one of the three options for financial responsibility:

«Financial»

Has there been any change in financial responsibility?

Yes ___ Explain here and attach new documentation.

No ___ Attach updated documentation for financial responsibility to verify that it remains in place.

Service Contract Providers must comply with one of the following:	
Option 1	<p>Contractual Liability Insurance Policy issued by an insurer authorized to transact insurance in Nevada. <i>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.</i></p> <p>Each Year at Renewal: <u>Submit documentation from the insurer verifying that the policy is still current and in full force.</u></p>
Option 2	<p>Maintain a reserve account in this State 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).</p> <p>A provider shall maintain the financial security required until the provider ceases doing business in Nevada and the provider has performed or otherwise satisfied all liabilities and obligations under all unexpired service contracts issued by the provider, NRS 690C.170(3).</p> <p>Monthly statements of the reserve account (3 monthly statements) must be submitted to the Division at the end of each calendar quarter.</p> <p>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.</p> <p>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.</p>
Option 3	<p>Maintain or be a subsidiary of a parent company that maintains a net worth or stockholders’ equity of at least \$100,000,000.</p>

	Each Year At Renewal: <i>Submit a copy of the most current 10K or 20F form 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.</i>
Note	Pursuant to NRS 690C.170(4), if the certificate of registration of a provider has not expired and the provider fails to maintain the financial security or if the financial security is cancelled or lapses, the provider shall not issue or sell a service contract on or after the effective date of such failure until the provider submits to the Commissioner proof satisfactory to the Commissioner that the provider is in compliance with NRS 690C.170.

7. Review and agree to the following:

- A. The provider agrees to not use any money in a reserve account other than to pay an obligation of the provider under an unexpired service contract. Agreement of provider
- B. The provider agrees to maintain the financial security required per NRS 690C.170. Agreement of provider
- C. The provider agrees that if the certificate of registration has not expired and the provider fails to maintain the financial security required, including, without limitation, if the financial security is cancelled or lapses, the provider shall not issue or sell a service contract, until the provider submits to the Commissioner proof satisfactory to the Commissioner that the provider is in compliance with NRS 690C.170. Agreement of provider

8. Select the type(s) of service contracts sold by the provider (check all that apply):

- Computer/Electronic Vehicle/Road Assistance Home Appliance/Home Products
 Miscellaneous/Other If Miscellaneous/Other, please explain: _____

9. Provide the following information regarding service contracts sold by the provider.

- A. List the service contract form names and form numbers sold in Nevada. Note that these forms must have been previously filed and approved in Nevada before use. Attach additional sheets if necessary. Copies of the forms do not need to be attached.

- B. List locations where service contracts are sold. Attach additional sheets if necessary.

If service contracts are not sold at specific locations, how are potential customers solicited?

C. If using Financial Security Option 2, complete the following:

Unearned gross consideration* on all unexpired service contracts sold to Nevada residents for the last 8 quarters:				
Quarter	Gross Revenue Received from Nevada Residents:	Unearned Gross Consideration:	**Security Deposit: (10% of Unearned Gross Consideration)	Reserve Account: (40% of Unearned Gross Consideration)
Ending: 03/31/16				
Ending: 06/30/16				
Ending: 09/30/16				
Ending: 12/31/16				
Ending: 03/31/17				
Ending: 06/30/17				
Ending: 09/30/17				
Ending: 12/31/17				

*Unearned gross consideration on a service contract is the total consideration for the contract multiplied by the fraction of time left on the contract (e.g., \$1,000 one-year contract with 7 months remaining = $1,000 \times 7 / 12 = 583$)

****This renewal application must include funds if there is an increase to the security deposit calculated above.**

D. Number of service contracts sold to Nevada residents:

Calendar year: 2016 _____

Calendar year: 2017 _____

E. Gross Revenue received from Nevada residents:

Calendar year: 2016 _____

Calendar year: 2017 _____

F. Number of claims paid on behalf of Nevada Residents:

Calendar year: 2016 _____

Calendar year: 2017 _____

G. Claims paid – Claims paid on behalf of Nevada residents:

Calendar year: 2016 \$ _____, _____, _____.

Calendar year: 2017 \$ _____, _____, _____.

H. Number of all customer complaints received by Nevada residents:

Calendar year: 2016 filed with Company: _____ 2016 filed with Division: _____

Calendar year: 2017 filed with Company: _____ 2017 filed with Division: _____

10. How are complaints handled? _____

11. To be completed by Home Service Contract Providers only:

- A. Number of emergency repair status letters sent to Nevada home warranty contract holders:
Calendar year: 2016 _____
Calendar year: 2017 _____
- B. Attach a list of each claim that qualifies as "emergency repairs" pursuant to NAC 690C.110. The list must include the following information:
- a. Name, address and contact information of the claimant.
 - b. Service Contract number.
 - c. Date claim filed.
 - d. Date emergency repairs initiated.
 - e. Date emergency repairs completed.
 - f. An explanation if the emergency repairs were not initiated as mandated by NAC 690C.110.

The applicant certifies that the service contracts issued in this state meet the requirements set forth in NRS 690C and NAC 690C and, under penalty of perjury, (I) or (we) affirm that the statements made in the foregoing renewal application are true and hereby subscribe thereto.

Dated _____, 20____

Name of Service Contract Provider

Telephone No: _____

By

Signature of Officer in full

Signature of Officer in full

Print Name and Title

Print Name and Title

This renewal application must be verified and signed by one of the officers listed/named on file with the Division of Insurance in Question 2 for service contract business.

SUBSCRIBED and SWORN to before me
this _____ day of _____, _____.
Date Month Year

NOTARY PUBLIC