



Nevada Division of Insurance

Service Contract Provider Application

The following questions must be answered by all applicants.

Section I:

Provider Name		Federal Employer ID	
Home Office Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Contact Name and Title	Phone		
Fax	E-mail		
Domiciliary state of applicant	Date of applicant's formation in domiciliary state		

Please attach a list of executive officers **and all** officers responsible for service contract business and include the following information (attach additional sheets if necessary):

Name	Title	Date of Birth	Social Security Number	
Residence Address		City	State	Zip
Name	Title	Date of Birth	Social Security Number	
Residence Address		City	State	Zip
Name	Title	Date of Birth	Social Security Number	
Residence Address		City	State	Zip

Please attach a copy of the applicant's charter or certificate of incorporation.

Type(s) of service contracts issued/sold by your company (check all that apply):

- Computer/Electronic
 Home Appliance/Home Product
 Vehicle/Road Assistance
 Miscellaneous/Other

If you selected "Miscellaneous/Other", please explain:

Have you designated an administrator to be responsible for administration of Nevada service contracts? Yes No

List names and addresses of the administrators designated. Attach additional sheets if necessary.

Name	Address	City	State	Zip
Name	Address	City	State	Zip
Name	Address	City	State	Zip

Section II:

Within the past 10 years, has applicant or any of the officers listed in Section I ever:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (a) Been convicted of a felony or any misdemeanor of which an essential element is fraud? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Been insolvent or adjudged a bankrupt? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Been fined by any state or governmental agency or authority in any matter regarding service contracts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other than traffic infractions, is there now pending against any of the applicant's officers or directors any criminal actions? | <input type="checkbox"/> Yes <input type="checkbox"/> 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](#)? *Important: See [Bulletin 11-010](#) outlining changes to NRS 690C.170 concerning financial responsibility requirements effective October 1, 2011.*

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.

2. Maintain, or be a subsidiary of a parent company that maintains, a net worth or stockholders' equity of at least \$100,000,000. Provide a copy of the most recent Form 10-K report or Form 20-F report that has been filed with the SEC, or provide a copy of the most recently audited financial statement.

If the net worth or stockholders' equity of the parent company of the provider is going to be used to comply, provide evidence that the parent company guarantees to carry out the duties of the provider under any service contract issued or sold by the provider.

Please note: Pursuant to [NRS 690C.120](#), [NRS 690C.170](#) and [NRS 679B.225](#), documentation that the selected proof of financial responsibility continues in force **must be submitted annually** with the appropriate renewal application.

Section IV:

The applicant certifies that the service contracts issued in this state meet the requirements set forth in [Chapter 690C](#) of the Nevada Revised Statutes and [Chapter 690C](#) of the Nevada Administrative Code, and, under penalty of perjury, (I) or (we) affirm that the statements made in the foregoing application are true and hereby subscribe thereto.

Please note: This application must be verified and signed by one of the officers named in Section I of this application.

Date	Provider Name	Phone
Signature of Officer in Full		
Print Name and Title		