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

Service Contract Provider – Renewal Application

Failure to file with the Division all information on the form by the registration expiration date will result in a lapse of your registration. In the event information is not applicable, please state "N/A." Do not leave any requested information blank. Forms with missing or incomplete information or missing attachments will delay the processing of your renewal and may result in a lapse of your registration. The transaction of business while in a lapse status is a violation of NRS 690C.160.

A. Nevada Renewal Application for Service Contract Provider

(Please Print or Type)

Nevada Service Contract Provider Name			
DBA (Mark N/A if none used)			
FEIN	Nevada Business License Number (NV Secretary of State)	Nevada Certificate of Good Standing Number (NV Secretary of State)	
What is your state of domicile?			
Mailing Address	City	State	Zip or Foreign Country
Physical Business Address (No P.O. Box Allowed)	City	State	Zip or Foreign Country

B. Service Contract Provider Contact Person

List the primary contact person with whom the Division should communicate with during the renewal process and after the completion of the renewal.

** *All contact information must be dependable. No generic email addresses or 800 numbers will be accepted.*

Name	Title
Direct Telephone Number	Email Address

C. Service Contract Provider Administrator Information

List the names and contact information for all Administrators.

** *All contact information must be dependable. No generic email addresses or 800 numbers will be accepted.*

1. Name of Administrator	
Contact Person for Administrator	Address
Direct Telephone Number	Email Address
2. Name of Administrator	
Contact Person for Administrator	Address
Direct Telephone Number	Email Address

☐ List of Administrators continued on addendum

D. Service Contract Provider Types of Products Covered

Indicate what type(s) of products are covered by the service contracts.

*** All Service Contract forms must be submitted via the System for Electronic Rate and Form Filing (SERFF)*

Contract Type(s):

☐ Home/Home Products
☐ Vehicle/Vehicle Products
☐ Electronics
☐ Jewelry
☐ Other, specify below:
_____

E. Ownership

Identify the owner(s) or parent(s) of the applicant. (Individuals who are owners should be listed on the following page.)

☐ Corporation ☐ Limited Liability Company ☐ Other

Name(s)	Percentage of Ownership
1.	%
2.	%
3.	%
4.	%
5.	%

☐ List of Ownership continued on addendum

F. Controlling Persons and Officers

List all controlling persons and officers of the service contract provider.

*** An NAIC biographical affidavit, executed and dated within the last 6 months, is required for all new individuals and those who have not previously submitted an affidavit to the Division.*

Name	Title	Percentage of Ownership
1.		%
2.		%
3.		%
4.		%
5.		%
6.		%
7.		%
8.		%
9.		%

☐ List of Controlling Persons and Officers continued on addendum

G. Financial Security Information

Pursuant to NRS 690C.170, a Service Contract Provider must assure faithful performance of a provider's obligations to its contract holders by complying with one of three financial requirements below (fill out the box completely that the provider uses):

Reimbursement Insurance Policy
*Provide Contractual Liability Insurance Policy
*Policy must be issued by an insurer which is licensed, registered, or otherwise authorized to transact insurance in Nevada or pursuant to the provisions of NRS 685A.
*Policy must contain a provision prohibiting the insurer from terminating the policy until a notice of termination has been mailed or delivered to the Commissioner at least 60 days prior to the termination of the policy.

Name of Insurer: _____

Policy Number: _____

Maintain, or be a subsidiary of a parent company that maintains a net worth or stockholders' equity of at least $100,000,000.
*Provide most recent Form 10-K, 20-F, or audited financial statements.

Type of Financial Statement: _____

Year Ending: _____

Parent Company ☐ Subsidiary ☐

Funded Reserve Account and Security Deposit
*Provide bank statement from **Nevada** bank for Funded Reserve Account.
*Bank account must be clearly identified as the "Provider's Name Nevada Service Contracts Funded Reserve Account."

Name of Bank/Financial Institution: _____

Account Number: _____

*Provide a security deposit (minimum $25,000) – check one:

☐ Surety Bond

Name of Bank/Financial Institution: _____

Bond Number: _____

☐ Cash

☐ Irrevocable Letter of Credit

☐ Securities eligible for deposit

☐ Financial security information continued on addendum

H. Forms List

List all forms used and offered by the service contract provider. Include the name of the form, State Tracking Number, and approval date. (An addendum may be attached if additional room is needed.)

*** All Service Contract forms must be submitted via the System for Electronic Rate and Form Filing (SERFF) and be approved prior to use.*

Form Name	State Tracking Number	Form Approval Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

☐ List of Forms continued on addendum

ATTESTATION:
The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete, and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the applicant to civil or criminal penalties.
2. The applicant grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.

I. Signature Form must be signed by an executive officer or controlling person of the service contract provider.	
Signature	Typed or Printed Name
Date Signed	Title
Address	City/State/Zip Code