



APPLICATION FOR REGISTRATION AS A PROTECTION PRODUCT GUARANTEE PROVIDER

To apply for registration as a protection product guarantee provider in the state of Washington, please provide information in the order requested on the application. This Office will examine the application promptly for completeness and compliance as prescribed by Washington requirements.

Prior to Submission:

A "Protection Product Guarantee Provider" (PPGP), defined under RCW 48.110.020(13), is a person who is contractually obligated to the protection product guarantee holder under the terms of the protection product guarantee. PPGP does not include an authorized insurer providing a reimbursement insurance policy. [Chapter 48.110 RCW](#) does not provide for registration of administrators. Failure to meet the legal definition of a PPGP is grounds for revocation of this registration, if issued. Only the registrant has authority under a registration, and this registration cannot be used for wholesale purposes.

RCW 48.110.030(1) precludes any operation or activity as a PPGP until it is registered. Do not issue any protection product guarantee contracts, solicit, or accept any applications until you receive a registration.

A \$250 non-refundable application fee is required.

The application must include the commissioner's prescribed [service of process designation form](#), available through our [website](#). Biographical affidavit forms must be on current edition and are available through the [NAIC Website](#).

Applications must be complete upon submission. If your application is missing information or documentation, we will allow a one-time extension of 15 business days to submit the required materials. If you are unable to correct the deficiencies within this period, we will deem the application materially incomplete and you will need to reapply when you are able to provide all required materials. Reapplications require a new application and application fee. Additionally, the application review process will start from the beginning.

All information contained within your submission a matter of public record. Marking any material as "private" or "confidential" does not preclude its availability or its status as a public document. See our [website](#) for more information about public records.

Application Submission

The current edition of the prescribed application form is required to ensure conformance with changes to laws and administrative rules. We will not accept outdated forms.

Download and save the application form. Complete the application document with the necessary information, then save and print. After signature by an authorized officer, scan the application form, all required documentation, and any cover letter into a single Adobe® pdf document for electronic submission via email.

- Address the email to: CSF@oic.wa.gov.
- The subject line must state: "PPGP Application of <your company's legal name>".
- Attach the pdf and send.

\$250.00 Fee Payment

Concurrent with submission of the application email, remit payment to:

Mailing address:

Attn: Company Supervision Division
Office of the Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

Delivery (Street) Address:

Attn: Company Supervision Division
Office of the Insurance Commissioner
5000 Capitol Blvd SE
Tumwater, WA 98501

Note: USPS will only accept the PO Box mailing address, and does not allow other shippers to use that address. All non-USPS shippers must use the Street Address. Use of an incorrect address may result in a returned application.

Important!

To act as a PPGP in Washington, you must hold a registration issued by this Office. Responsibility to understand [Chapter 48.110 RCW](#), and other applicable statutes, is that of the PPGP. Solicitation or issuance of a protection product guarantee to a resident of Washington without registration as a PPGP is an illegal act of insurance, punishable under [Chapter 48.15 RCW](#).

Once registered

A PPGP must keep current the information required in its registration by reporting all material changes or additions within thirty days after the end of the month in which the change or addition occurs. RCW 48.110.030(6).

Questions?

For all questions or requests for additional information, please contact a [Company Licensing Specialist](#) (select "Company applications" in the dropdown), or phone: 360-725-7200.

Application is hereby made for issuance of a registration as a protection product guarantee provider in the state of Washington.

BUSINESS NAME			
1. Legal Name:			
2. DBA Name(s): (If applicable)			
BUSINESS AND MAILING INFORMATION			
3. Domicile Address:			
4. Physical Address:			
5. Mailing Address:			
6. Website URL:		7. Federal Tax Identification Number (FEIN):	
8. Contact Person: (Name, Phone, Email Address required)			
9. Does the applicant also issue service contracts to residents of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No			
REQUIRED DOCUMENTATION			
10. Attach all other documents and items, necessary for this application. Attach the referenced items in the order presented below. Use the check box to indicate enclosure of the information.			
<input type="checkbox"/> A. Legal Formation Documents (such as Articles of Incorporation, LLC Certificate). Include all amendments.			
<input type="checkbox"/> B. Internal Governance Documents (such as current By-Laws, Operating Agreement).			
<input type="checkbox"/> C. A current Certificate of Good Standing from the Washington Secretary of State as a foreign registered entity.			
<input type="checkbox"/> D. A current Certificate of Good Standing from the domiciliary Secretary of State.			
<input type="checkbox"/> E. A completed Service of Process designation. Please use the commissioner's prescribed form . RCW 48.110.055(4)(c).			
<input type="checkbox"/> F. A complete organization chart showing <u>all</u> affiliates of the applicant and percentage of ownership of every company in the chart.			
<input type="checkbox"/> G. A list of names, addresses, and official positions, of each executive officer or officers directly responsible for the PPGP's contract business. RCW 48.110.055(3)(a).			
<p>Note: For each individual listed, attach a completed Biographical Affidavit. Use the prescribed Form 11 available through the NAIC Website.</p>			
<input type="checkbox"/> H. The name, address, and direct contact information (telephone and email) of the designated compliance officer. RCW 48.110.055(3)(a).			

- I. The name, address, and telephone number of any administrators designated by the PPGP to be responsible for the administration of protection product guarantees in this state. RCW 48.110.055(3)(b).
- J. A sample copy of each protection product guarantee the PPGP proposes to use in this state. RCW 48.110.055(3)(d).

REQUIRED FINANCIAL ABILITY

11. A copy of the applicant's financial statements, which proves the applicant has and maintains a minimum net worth or stockholders equity of \$200,000 or more per RCW 48.110.055(3)(e), calculated in accordance with RCW 48.110.078(3), and has the ability to pay its debts when debts become due.

Check only one:

- Most recent audited annual financial statement; or
- Most recent annual financial statements certified as accurate by two (or more) officers of the applicant.

Options for start-up businesses in operation less than one fiscal year only:

- If a start-up, most recent audited financial statements; or
- If start-up, most recent financial statements that are certified accurate by two (or more) officers of the applicant.

Note: This requirement is specific to the applicant. We will not accept any submission that does not show the financial position of the applicant on a stand-alone basis. All consolidated statements must contain or be accompanied by a certified supplemental schedule from the auditor showing the financial activity of the applicant. If submitting unaudited financial statements, the commissioner's prescribed [form](#) for certifications is required. An altered or incomplete form is invalid.

REQUIRED INDEMNIFICATION

12. A copy of the reimbursement insurance policy or policies issued by a qualified (as outlined in statute) insurer or risk retention group (RRG) as required under RCW 48.110.055(2)(b).

All of the following are required:

- Provide a complete copy of the policy(s) in its entirety along with a letter issued by the insurer(s) or RRG(s) indicating the policy is currently in force, compliant with RCW 48.110.060, and compliant with all form and rate filing requirements under Chapters 48.18 and 48.19 RCW.
- Provide the name of the insurer(s)/RRG(s), and WAOIC# as licensed/registered. *Please reference our Consumer Tools for insurer information.*

STATEMENTS OF UNDERSTANDING

Please acknowledge your agreement by answering "Yes" or "No" to each of the following questions. False or misleading statements may result in denial of application, loss of registration, and/or other action or penalty.

- 13.** The PPGP understands that the commissioner may conduct investigations as deemed necessary to Yes No determine whether any person has violated any provisions of this Chapter. RCW 48.110.120.
- 14.** The PPGP understands that it is required to maintain detailed books and records of all Washington Yes No transactions to which this Chapter applies. RCW 48.110.090.
- 15.** The PPGP understands that it must conduct all business in its own legal name. RCW 48.110.080(2). Yes No

- 16.** The PPGP understands that it must maintain a required minimum net worth or stockholders equity, Yes No and pay its debts to retain an active registration. RCW 48.110.130(2)(a)(i).
- 17.** The PPGP understands that it must provide timely notification of any material change to its registration information, including its financial condition. RCW 48.110.055(7). Yes No
- 18.** The PPGP is the contractual obligor and liable to the contract holder under this registration and understands that, if issued, the registration applies only to the registrant and no other entity (i.e., natural or corporate persons, affiliates, agents, assignees, contractors, marketers, representatives, etc.). RCW 48.110.020(13), RCW 48.110.030(1). Yes No

GENERAL QUESTIONS

Please answer "Yes" or "No" to each of the following questions.

- 19.** Are there any formal or informal regulatory actions, pending or taken, against the applicant by any governmental agency? Yes No
- 20.** Are there any formal or informal regulatory actions, pending or taken, against any officers, directors, trustees, partners, or members of the applicant by any governmental agency? Yes No
- 21.** Are there any criminal or civil convictions or pending criminal or civil actions other than minor traffic violations against the applicant or any of its officers, directors, trustees, partners, or members? Yes No
- 22.** Has the applicant solicited or issued protection product guarantees to residents of Washington prior to application? Yes No

If the answer is "Yes" to any of the items above, attach information and copies of the documentation for each item and each individual.

CERTIFICATION

I declare under penalty of perjury under the laws of the state of Washington that I am duly authorized to make this application on behalf of the applicant, that the foregoing statements and information regarding the applicant and the contents of all attachments are true and correct*.

Signature of Company Officer

Printed Full Legal Name

Title

State of _____)

County of _____)

Signed and Sworn to (or affirmed) before me this _____ day of _____ 20 ____ By _____
Name of person making statement

Notary Public - My Commission Expires:

(Seal or Stamp)

*In addition to penalties for perjury, RCW 48.110.130 authorizes the Commissioner to deny, suspend, or revoke the registration of a protection product guarantee provider if the Commissioner finds that the service contract provider made a material misstatement in its application for registration or has obtained or attempted to obtain a registration through misrepresentation or fraud.