



## SERVICE CONTRACT COVERAGE CHANGE REQUEST

Registered Service Contract Providers must use this form to report new categories of service contract(s) they will offer.

### SERVICE CONTRACT PROVIDER COMPANY INFORMATION

1. Legal name of the service contract provider as registered:	
2. WAOIC #:	
3. Name, phone, and email address for the company contact person authorized to make this change:	
4. Name, phone, and email address for the person filing this request:	

### CHANGES REQUESTED

5. Select the new category or categories of service contract coverage(s) being added:

- ☐ Motor Vehicle - Mechanical Breakdown
- ☐ Tire & Wheel ☐ Key or Key Fob Replacement
- ☐ Paintless Dent Removal ☐ Windshield Chip/Crack Repair or Replacement
- ☐ Personal Property (non-vehicle) – Type of personal property (explain): \_\_\_\_\_
- ☐ Residential Utilities – Water Line ☐ Residential Utilities – Sewer Line
- ☐ Residential Utilities – other (explain): \_\_\_\_\_

6. Select the category or categories of current service contract coverage(s) being removed:

- ☐ Motor Vehicle - Mechanical Breakdown
- ☐ Tire & Wheel ☐ Key or Key Fob Replacement
- ☐ Paintless Dent Removal ☐ Windshield Chip/Crack Repair or Replacement
- ☐ Personal Property (non-vehicle) – Type of personal property (explain): \_\_\_\_\_
- ☐ Residential Utilities – Water Line ☐ Residential Utilities – Sewer Line
- ☐ Residential Utilities – other (explain): \_\_\_\_\_

## INDEMNIFICATION AND SUPPORTING DOCUMENTATION

7. Identify the method by which the registrant will rely upon to assure the faithful performance of its obligations under its service contracts:

- ☐ **Option 1 Reimbursement insurance policy (CLIP)** issued by a qualified (as outlined in statute) insurer or risk retention group(s). RCW 48.110.050(2)(a)

**Required Documents**

Please use the checkbox to indicate enclosure of the required information:

- ☐ A complete copy of the reimbursement insurance policy (CLIP) in its entirety
- ☐ A recent letter from the insurer or RRG indicating the policy (CLIP) 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.
- ☐ A completed [Reimbursement Policy Coverage Form](#) for each CLIP.

- ☐ **Option 2 Reserve and Trust.** Maintain a funded reserve account and place a deposit with the Commissioner. RCW 48.110.050(2)(b); RCW 48.110.075(2)(a)

**Required Documents**

If using a surety bond, you must include a completed [bond form](#) from our website.

- ☐ **Option 3 Net Worth or Stockholders' Equity.** The registrant or its parent company has and maintains a minimum net worth or stockholders' equity of \$100 million. RCW 48.110.050(2)(c)

**Required Documents**

If using the parent company's net worth or stockholders' equity, you must include a completed Parental Agreement and Guarantee form from our [website](#).

## SIGNATURE AUTHORIZING REQUESTED CHANGES

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Printed Full Legal Name & Title

\_\_\_\_\_  
Date Signed