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| STATE OF WASHINGTON  **MIKE KREIDLER** Phone: (360) 725-7200STATE INSURANCE COMMISSIONER Fax: (360) 586-2022**OFFICE OF****INSURANCE COMMISSIONER** |

**Application form and Instructions**

**(Non-Insurance) GAP Waivers - Chapter 48.160 RCW**

In order to apply, you must complete our application form which is available through our website [www.insurance.wa.gov](http://www.insurance.wa.gov). To successfully submit the application, you *must* follow the instructions specified below. **Please note that we will not accept a paper copy of the application.** Before completing the application, Please note the following: **This application is intended only for use by Creditors as defined under RCW 48.160.010(3), who are not otherwise exempt under RCW 48.160.020, and are contractually obligated to the borrower/retail buyer.**

Part I: Application Submission -The application form is designed to be downloaded and saved to your hard drive. You should be able to “tab” through the Word® application document and enter necessary information, which you will then save and print.

After signature by the authorized officer, the application form, along with all required documentation and any cover letter need to be scanned into a single Adobe® pdf document for electronic submission via email.

* The email subject line must state “GAP Waiver Application of *<your company’s legal name>”.*
* The email address to be used is CSF@oic.wa.gov.
* Attach the pdf to the email and send. If you wish an electronic acknowledgement of receipt, please configure the email properties to request the acknowledgement.

Part II: Fee Payment- Concurrent with submission of the application email, forward the application fee to:

*Mailing address (USPS only):* *Delivery (Street) Address for FedEx, UPS:*

OIC Accounting OIC Accounting

P.O. Box 40255 5000 Capitol Blvd.

Olympia, WA 98507-0255 Tumwater, WA 98501

# *Please note that the USPS will only accept the POB mailing address, and does not allow other shippers to use the POB address. All non-USPS shippers must use the Street Address.*

Please note the following:

* The non-refundable application fee is $250, payable to “*The Office of the Insurance Commissioner”*
* All information contained within your submission is considered a matter of public record. Marking any material as “Private” or “Confidential” does not preclude its availability or its status as a public document.
* Once registered, the applicant shall keep the information required for registration current by reporting changes within thirty days after the end of the month in which the change occurs. Failure to make a (timely) disclosure may result in disciplinary action against the license as allowed under Chapter 48.160 RCW.

Questions?

For all questions or requests for additional information, please contact a [Company Licensing Specialist](https://www.insurance.wa.gov/for-insurers/secure-forms/contact-company-supervision/) (choose the “Company applications” category), or phone: 360-725-7200.

**Company Supervision Division**

Mailing Address: PO Box 40255 ● Olympia, WA 98504-0255

Street Address: 5000 Capitol Boulevard ● Tumwater, WA 98501

Rev 12/20/16

State of Washington Office of the Insurance Commissioner

**PO Box 40255 Olympia, WA 98504-0255**



Application for Registration to offer GAP Waivers

Chapter 48.160 RCW

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| **I. Applicant Basic Information** |
| 1. State the exact legal name of the Applicant. |
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| 2. List any other names under which the Applicant is or may be doing business in this State or any other State if different than above. If none, so state. |
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| 3. Give the Federal Tax Identification Number (FEIN) for the Applicant |
| 00-0000000 |
| 4. Give the complete Domiciliary Office address (where legally organized) and phone number of the Applicant. |
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| 5. Give the complete mailing address of the applicant, if different. If same as in #4, respond “same.” |
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| 6. Provide the name of the contact person responsible for, and knowledgeable about, this application. Provide the direct telephone number (with any extension), fax number, and email address. |
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| 7. Give the name of the Executive Officer directly responsible for the waiver business of the Applicant. Provide the direct telephone number (with any extension), fax number, and email address. |
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| **II. Required Documentation** |
| *Attach all other documents and items, necessary for this application. The referenced items need to be attached in the order presented below. Use the check box to indicate that the information is enclosed within the submission.* |
|  8. [ ]  Articles of Incorporation, or other formation documents *with all amendments* 9. [ ]  Current By-Laws 10. [ ]  Current Certificate of Good Standing from the Secretary of State of the state where the applicant is organized11. [ ]  Proof of Registration with the Washington Secretary of State (Service of Process)12. [ ]  A current listing of all directors and officers. State the position(s) held for each.13. [ ]  A list of all marketers of GAP waivers for which the applicant will be the obligor. Please note that you are prohibited from using any entity that is an “unregistered marketer” as defined under RCW 48.160.010(13) under your registration. By listing a marketer, the applicant represents that the marketer is now exempt and will continue to qualify for exemption from registration requirements. 14. [ ]  A sample copy of the each GAP Waiver to be issued in Washington. The sample is to be completed in a John Doe format, with the required disclosures and references highlighted. *(Note: see RCW 48.160.050-.060 which specifies what is required.)**\*\*\*Be aware that receipt of any such form does not constitute approval of its content by this Office. The issuer is solely responsible for the content and its compliance with all applicable Washington law.* |

***The undersigned, being a recognized officer of and duly authorized to make this application on behalf of the applicant, hereby swears or affirms that the foregoing statements and information regarding the applicant, and the contents of all attachments, are true to the best of his/her knowledge, information and belief.***

Signature

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Printed Name and Relationship to Applicant