

 **Application for Registration as a**

**Protection Product Guarantee Provider**

*To be legally registered as a Protection Product Guarantee Provider in Washington State, please provide the following information. Your application will be reviewed promptly against Washington requirements.*

Please note the following:

IMPORTANT

* ***This application is intended only for use by protection product guarantee providers who are contractually obligated (“obligors”) to the protection product guarantee holder under the terms of the protection product guarantee. Chapter 48.110 RCW does not provide for registration of administrators. Failure to meet the legal definition as a protection product guarantee provider as defined under RCW 48.110.020(13) is grounds for revocation of this registration, if issued. Only the registrant has authority under a registration. This registration cannot be used for wholesale purposes.***
* ***An altered application form will be considered invalid.***

OTHER

* *For a copy of Chapter 48.110 RCW access it at:* [*Chapter 48.110 RCW*](http://app.leg.wa.gov/RCW/default.aspx?Cite=48)*.*
* RCW 48.110.055(2) precludes any operation or activity as a Protection Product Guarantee provider until it is registered. *Do not issue any protection product guarantees, solicit, or accept any applications until you receive a Registration. If you intend to issue service contracts, you must obtain a separate registration. Penalties for non-compliance can be severe.*
* Applications are processed on a “first in, first out” basis.
* 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. See our website for more information about public records.

ONCE REGISTERED

* **All material changes to the information contained in this application, including the registrant’s financial condition, shall be disclosed to this Office within 30 days after the end of the month in which the change occurred – RCW 48.110.055(7).**

Application is hereby made for issuance of a Registration as a

Protection Product Guarantee Provider in the State of Washington.

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| **I. Protection Product Guarantee Provider Basic Information** |
| 1. List the exact legal name of the Protection Product Guarantee Provider. |
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| 2. List any other names under which the Protection Product Guarantee Provider is or may be doing business in this State or any other State if different than above. |
|        |
| 3. Give the nine-digit Federal Tax Identification Number (FEIN) for the applicant |
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| 4. Does the applicant also issue service contracts to residents of Washington?  |
|  Check one: Yes [ ]  No [ ]  |

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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.*  |
| 5**.** Applicant Profile |
|  [ ]  A. The applicant’s Domiciliary Address, mailing address (if different), address for the actual operations and records (if different), and the name of the contact person and contact information (direct phone number and email address) for questions about this application. [ ]  B. Legal Formation Documents (such as Articles of Incorporation, LLC Certificate) *Include all amendments* [ ]  C. Internal Governance Documents (such as current By-Laws, Operating Agreement)[ ]  D. A current Certificate of Good Standing from the Washington Secretary of State as a foreign registered entity  [ ]  E. A current Certificate of Good Standing from the domiciliary Secretary of State  [ ]  F. A completed Service of Process designation[ ]  G. A complete organization chart showing all affiliates of the applicant and percentage of ownership of every company in the chart[ ]  H. A list of names, addresses, and official positions, of each director and officer of the applicant. *For each individual listed, attach a completed Biographical Affidavit.* Use the prescribed Form 11 available through the [NAIC Website](http://naic.org/industry_ucaa.htm). [ ]  I. A listing of all significant shareholders or owners, including percentage of ownership. *For each individual listed,* attach a completed Biographical Affidavit. [ ]  J. The name, address, and *direct* contact information (telephone and email) of the designated compliance officer responsible for ensuring compliance with this Chapter, should a registration be issued. [ ]  K. A complete Plan of Operations for the applicant. This Plan needs to minimally address or provide: a) How, and through whom, the registrant will market and sell its products in WA,  *including a statement that the applicant has the authority to regulate the activities  of each marketer, and that each marketer agrees to abide by WA law;* b) Disclose any other licenses or registrations issued by this Office, and outline its  operation by license/registration type; and c) If the applicant markets any product or service in another state for which a  registration is required by our Office, an affirmative statement that the registrant  and its officers understand the applicable WA law regarding these products and  services.d) A sample copy of the guarantees the applicant proposes to issue.**Financial Ability and Indemnification**[ ]  L. A copy of the applicant’s financial statements that prove that it is solvent as follows – (Note: this requirement is specific to the applicant. Any submissions that do not show the financial position of the applicant on a stand-alone basis will not be accepted). [ ]  The most recent annual financial statements certified as accurate by two (or more) officers of the applicant; or [ ]  If a start-up, provide the most recent financial statements certified as accurate by two or more officers of the applicant **(Note: the Commissioner’s prescribed form for certifications of the financial statements must be used. An altered or incomplete form will be considered invalid.)** [ ]  M. A reimbursement insurance policy issued by a qualified (as outlined in statute) insurer or risk retention group (RRG).  a) The applicant must request that a complete copy of the policy, along with a  certificate of coverage be direct-issued to the OIC from the insurer or RRG stating  that the submitted policy is: 1) in-force; 2) complete; 3) is compliant with RCW  48.110.060; and 4) compliant with all form and rate filing requirements under  Chapters 48.18 and 48.19 RCW.  b) Provide the name of the insurer/RRG, and  c) WAOIC# as licensed/registered**Note: if the applicant has a service contract provider registration, indemnity needs to be consolidated under one policy. The direct-issued policy must be received within 45 days of receipt of the application.** **Operation and Licensure in other jurisdictions** [ ]  N. A listing of all states in which the applicant is, or at any time was, engaged in the business of a Protection Product Guarantee Provider or Service Contract Provider.  [ ]  O. A listing showing all service contract or protection product guarantee provider licenses or registrations held or applied for by the applicant from any governmental agency. *For each* *licensing authority, include the dates of licensure, current licensure status, and a copy of each license.* |
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| **III. Protection Product Guarantee Provider (PPGP)Statements of Understanding** |
| *Please acknowledge assent to each of the following items. By “wet” initialing each box, the applicant specifically agrees*. |
| 6. The PPGP understands that the commissioner may conduct investigations as deemed necessary to determine whether any person has violated any provision of this Chapter. (RCW 48.110.120) |  |
| 7. The PPGP understands that it is required to maintain detailed books and records of all Washington transactions to which this Chapter applies (RCW 48.110.090). |  |
| 8. The PPGP understands that it must conduct all business in its own legal name. (RCW 48.110.080(2)) |  |
| 9. The PPGP understands and will abide by provisions of this Chapter. It agrees that any failure to adhere to the statutory requirements constitutes grounds for disciplinary action, including suspension, revocation, or non-renewal of the registration. |  |
| 10. 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)).  |  |
| 11. The PPGP has included the application fee of $250 within this submission, and understands that the fee is non-refundable regardless of the disposition of the application.  |  |

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| **IV. Protection Product Guarantee Provider General Interrogatories** |
| *Answer “yes” or “no” to each of the following items.****Note: If the answer is yes to any item below, attach information and copies of documentation for each item and each individual***. |
| 12. Are there any formal or informal regulatory actions, pending or which have been taken, against the applicant by any governmental agency? |     |
| 13. Are there any formal or informal regulatory actions, pending or which have been taken, against any officers, directors, trustees, partners, or members of the applicant by any governmental agency? |     |
| 14. Have the applicant or any of its officers, directors, trustees, partners or members been convicted of any criminal or civil offenses (other than minor traffic violations)? |     |
| 15. Are there any pending criminal or civil actions (other than minor traffic violations) against the applicant or any of its officers, directors, trustees, partners or members? |      |
| 16. Have the applicant or any unregistered affiliate, solicited or issued protection product guarantees to residents of Washington prior to application?If answering “Yes”, in your documentation, the following minimal information is required: 1) If an affiliate, identify the entity in its legal name and any dba’s or private labels used; 2) the number of contract sold per year by contract type; 3) the total remuneration received by type of contract per year; 4) the number of existing contracts; 5) the date on which all contracts will expire; 6) the date on which all unauthorized activity began; and 7) the date on which all unauthorized activity ceased. |    |
| 17. Has the applicant: 1) Sold, transferred, or encumbered any portion of its assets or business, or  directly or indirectly pledged its outstanding capital stock? 2) Merged or consolidated with any other company within the last 2 years? 3) Presently in negotiation for or inviting negotiations for any transaction  described above?  |       |

**Certification: *With knowledge of the penalties for false statements, I certify that***

***the undersigned, duly authorized to make this application on behalf of the applicant, hereby swears and affirms that the foregoing statements and information regarding the applicant, and the contents of all attachments, are true and correct\*.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

 Typed Name

Typed Title

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Sworn before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public. My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_

***\*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 protection product guarantee provider made a material misstatement in its application for registration; or has obtained or attempted to obtain a registration through misrepresentation or fraud.***

**Appointment of the Insurance Commissioner**

 **As Attorney**

 **To Receive Legal Process**

*Pursuant to RCW 48.110.055(4) the undersigned entity (“Protection Product Guarantee Provider”) hereby appoints the Washington State Insurance Commissioner as attorney to receive service of lawful process in any action, suit, or proceeding in any court. This appointment is irrevocable, and binds the Protection Product Guarantee Provider and any successor in interest, and shall remain in effect so long as there is in force in Washington any contract made or issued by the Protection Product Guarantee Provider, or any obligation arising therefrom related to residents of the State of Washington.*

*The Protection Product Guarantee Provider hereby designates:*

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*as the person to whom the Insurance Commissioner shall forward legal process against the Protection Product Guarantee Provider. This designation supersedes any previous designation. This designation shall remain in effect until the Commissioner acknowledges that the Protection Product Guarantee Provider has designated another person.*

*Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_.*

*(City) (State)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name of Protection Product Guarantee Provider*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of authorized officer*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed name of signing officer*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Title of signing officer*