



MISSOURI DEPARTMENT OF INSURANCE,  
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
 LICENSING SECTION

**APPLICATION FOR MOTOR VEHICLE EXTENDED SERVICE  
 CONTRACT BUSINESS ENTITY PRODUCER LICENSE**

P.O. BOX 690 OR  
 P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
 JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

PLEASE PRINT OR TYPE					
1. VENDOR/BUSINESS ENTITY NAME			2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)		3. FEIN
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS			5. STATE OF DOMICILE		6. COUNTRY OF DOMICILE
7. CONTACT NAME					
8. BUSINESS ADDRESS		9. CITY		10. STATE	11. ZIP OR FOREIGN COUNTRY
12. TELEPHONE NUMBER	13. FAX NUMBER		14. BUSINESS WEBSITE ADDRESS		15. BUSINESS EMAIL ADDRESS
16. MAILING ADDRESS		17. P.O. BOX	18. CITY		19. STATE
					20. ZIP OR FOREIGN COUNTRY

**BRANCH LOCATIONS**

21. IDENTIFY ALL BRANCH LOCATIONS WHERE COVERAGE IS OFFERED. ATTACH ADDITIONAL LISTING IF NECESSARY.

NAME:	ADDRESS:

IDENTIFY ALL WEBSITES WHERE YOU OFFER COVERAGE OR PLAN TO OFFER COVERAGE. ATTACH ADDITIONAL LISTING IF NECESSARY.

WEB ADDRESS:

**OWNERS, PARTNERS, OFFICERS AND DIRECTORS**

Identify all owners with at least 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company. Attach additional listing if necessary.

NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		

**BACKGROUND INFORMATION**

23. Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?

YES  NO

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement

**BACKGROUND INFORMATION (CONTINUED)**

“Whether or not adjudication was withheld” includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence—sometimes called an “SIS” or “SES”).

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?  YES  NO

“Involved” means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by a provider, an administrator, an insurer, an insured or a producer, or have you ever been subject to a bankruptcy proceeding?  YES  NO

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?  YES  NO

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach or fiduciary duty?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had a contract or any other business relationship with a provider, an administrator, or an insurance company terminated for any alleged misconduct?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

**APPLICANT'S CERTIFICATION AND ATTESTATION**

24. The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalties 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 business entity to civil or criminal penalties.
- 2. The business entity hereby designates the Director of the Department of Insurance to be its agent for service of process regarding all matters in Missouri involving insurance or motor vehicle extended service contracts and agrees that service upon the Director is of the same legal force and validity as personal service upon the business entity.
- 3. The business entity grants permission to the Director to verify any information supplied herein with any federal, state or local government agency, current or former employer or insurance company.
- 4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.

**APPLICANT'S CERTIFICATION AND ATTESTATION (CONTINUED)**

- 5. I authorize the Director to give any information the Director may have concerning the business entity to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I am familiar with the motor vehicle extended service contract laws and regulations of Missouri.
- 7. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE

TYPED OR PRINTED NAME

TITLE

SOCIAL SECURITY NUMBER

ADDRESS (CITY, STATE, ZIP CODE)

**NOTARY**

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**INSTRUCTIONS**

Application for initial licensure for a motor vehicle extended service contract business entity producer shall include the following, as applicable:

- 1. A completed Motor Vehicle Extended Service Contract Business Entity Producer application.
- 2. \$100 fee in the form of a check or money order, made payable to DIFP - Insurance.
- 3. Attach a listing of Motor Vehicle Extended Service Contract Producers working on your behalf.
- 4. Attach a listing of Motor Vehicle Extended Service Contract Providers with which you have a contract.
- 5. Mail completed application packet to: MO DIFP – Insurance  
PO Box 4001  
Jefferson City MO 65102-4001