



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
**MOTOR VEHICLE EXTENDED SERVICE CONTRACT
 PROVIDER REGISTRATION**

Email Application To: dci.ins.deposit@insurance.mo.gov
 Mail: Missouri Department of Commerce and Insurance
 PO Box 4001
 Jefferson City, MO 65102
 Questions: regulatory.services@dci.mo.gov

NEW RENEWAL AMENDED

INSTRUCTIONS

This registration must be accompanied by a registration fee equal to \$500. Each provider must register annually between January 1 and February 1 of each calendar year following the calendar year in which the provider originally registered. Amended active registrations do not require an additional provider fee. For further information please review §§ 385.200 through 385.220, RSMo.

SECTION 1. PROVIDER INFORMATION (TYPE OR PRINT)

PROVIDER NAME

BUSINESS ADDRESS (PHYSICAL ADDRESS, CITY, STATE, ZIP CODE)

MAILING ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)

BUSINESS TELEPHONE

BUSINESS CONTACT NAME

BUSINESS EMAIL ADDRESS

SECTION 2. ADMINISTRATOR INFORMATION

DOES THIS PROVIDER USE THE SERVICES OF ONE OR MORE ADMINISTRATORS?

Yes No

DOES THE ADMINISTRATOR EFFECT COVERAGE, COLLECT FEES AND SETTLE CLAIM ON YOUR BEHALF?

Yes No If yes, enter Administrator's Motor Vehicle Extended Service Business Entity Producer License Number _____

ADMINISTRATOR NAME

BUSINESS ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

SECTION 3. FINANCIAL RESPONSIBILITY

How will this Provider assure the faithful performance of the provider's obligations to its contract holder? Check which one of the following methods this Provider will use to assure such performance:

- Insure all service contracts under a reimbursement insurance policy issued by an insurer authorized to transact insurance in this state (if checked, a copy of entire insurance policy must be attached to this application, along with proof that policy is current and in effect).
- Maintain a funded reserve account and place in trust with the Missouri Department of Commerce and Insurance a financial security deposit (if checked, registration is not complete until the Department states in writing that it has confirmed such reserve account and financial security deposit). If applicable, attach surety bond.
- Maintain a net worth of at least one hundred million dollars (\$100,000,000). If checked, one of the following must be attached.
 - Provider's most recent Form 10-K filed with the Securities and Exchange Commission (SEC).
 - Provider's audited financial statements, which must be: (1) prepared as of the end of the calendar quarter ending no more than one year prior to the filing of this registration; (2) prepared in accordance with either (i) accounting principles generally accepted in the United States of America (U.S. GAAP) or (ii) International Financial Reporting Standards (IFRS) as issued by the International Accounting Standards Board (IASB); and (3) audited by an independent certified public accountant (CPA) in accordance with either auditing standards generally accepted in the United States of America or International Standards on Auditing (ISA), as applicable. The CPA's audit report must accompany such financial statements.
 - Provider's parent company's written agreement to guarantee the obligation of the Provider relating to service contracts sold by the Provider in this state and one of the following (check applicable additional attachment):
 - Provider's parent company's most recent Form 10-K filed with the Securities and Exchange Commission (SEC).
 - Provider's parent company's audited financial statements, which must be: (1) prepared as of the end of a calendar quarter ending no more than one year prior to the filing of this Provider Exhibit; (2) prepared in accordance with either (i) accounting principles generally accepted in the United States of America (U.S. GAAP) or (ii) International Financial Reporting Standards (IFRS) as issued by the International Accounting Standards Board (IASB); and (3) audited by an independent certified public accountant (CPA) in accordance with either auditing standards generally accepted in the United States of America or International Standards on Auditing (ISA), as applicable. The CPA's audit report must accompany such financial statements.

SECTION 4. BACKGROUND INFORMATION

Under Section 385.209.1., the director may suspend, revoke, refuse to issue, or refuse to renew a provider’s registration or license for any of the causes outlined in the statute. Please read the following very carefully and answer every question as it relates to the Provider and, if applicable, to the provider’s subsidiaries or affiliated entities. If the answer to any of the below is “yes”, please provide a full explanation and certified documents where applicable.

All written statements submitted by the Provider must include an original signature. Please note that failure to disclose information relevant to this section may constitute cause for refusal to register the Provider or cause for discipline against the Provider’s registration.

To your knowledge, have you or any of your subsidiaries or affiliated entities acting on your behalf:

- a) Violated any provision in sections 385.200 to 385.220, or violated any rule, subpoena or order of the director? Yes No
- b) Misappropriated or converted any moneys or properties received in the course of doing business? Yes No
- c) Been convicted of any felony? Yes No
- d) Used fraudulent, coercive, or dishonest practices or demonstrated incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this state or elsewhere? Yes No
- e) Been found in violation of a law by a court of competent jurisdiction in an action instituted by any officer of any state of the United States in any matter involving motor vehicle extended service contracts, financial services, investments, credit, insurance, banking or finance? Yes No
- f) Been refused a license or had a license revoked or suspended by a state or federal regulator of service contracts, financial services, investments, credit, insurance, banking or finance? Yes No
- g) Signed the name of another to an application or license or to any document related to motor vehicle extended service contract transactions without authorization? Yes No
- h) Unlawfully acted as a motor vehicle extended service contract producer without a license? Yes No
- i) Failed to comply with any administrative or court order directing payment of state or federal income tax? Yes No
- j) Within the last fifteen years been declared insolvent by the director or a motor vehicle extended service contract regulator of another state or been the subject of a bankruptcy petition? Yes No

SECTION 5. ATTACHMENTS

- If the provider is not an individual, attach a current dated certified copy of the provider’s certificate of good standing, fictitious name registration or similar certification, from the Missouri Secretary of State. If using a OBA, submit a certified copy of the Certificate in Fact
- If using more than one administrator, attach a sheet listing additional administrators named under section 2.
- Current dated documents required under Section 3.
- Documents relating to Section 4, Background Information, including an original signature on written statements.
- Pursuant to 385.211, attach a copy of the register of Motor Vehicle Extended Service Contract Business Entity Producers authorized in this state, including full legal name, address and license number .

SECTION 6. PROVIDERS CERTIFICATION AND ATTESTATION

The undersigned affirms or swears under penalty of perjury that: the information stated in this registration and any attachments thereto is true and correct to the best of his or her belief, information and knowledge, and the undersigned has read and understood the legal requirements printed with this form. Must be signed by an officer, director or partner of the Provider or member or manager if a limited liability company.

SIGNATURE	TYPED OR PRINTED NAME	TITLE
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MONTH/DAY/YEAR

Renewal Applicants, Submit Completed Application Per Instructions Provided in the Motor Vehicle Extended Service Contract Provider Renewal Fee Invoice.

Email Completed Application and Attachments To: dc.ins.deposit@insurance.mo.gov

Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

OR

Mail Completed Application and Attachments To:

Missouri Department of Commerce and Insurance
P.O. Box 4001

Jefferson City, MO 65102

Payment will be in the form of a check or money order.