

UTAH GUARANTEED ASSET PROTECTION PROVIDER APPLICATION

Under Utah Insurance Code Chapter 6b

Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, UT 84114
(801) 538-3800

For Department Use Only
Provider Number: _____

Date: _____

Name of Provider: _____

Street Address: _____

Mailing Address: _____

City, State Zip: _____

Telephone Number: _____ Toll Free Number _____

Fax Number: _____ Email Address: _____

FEIN #: _____

Name of Contact Person for Regulatory Matters: _____

FEES (Must accompany this application) \$1000.00

Form of Organization: _____

Proprietorship Partnership Corporation LLC Other: _____

If Corporation, State & Date of Incorporation: _____

Is Provider Registered with the Utah Corporations Division: Yes No

State of Domicile _____

List all Officers, or Directors of Provider: (Please attach additional sheet if necessary)

Note: U.C.A. § 31A-6b-202(2)(b)&203(1)&(2) requires all Guaranteed Asset Protection waivers to be filed with the Utah Insurance Department 30 days prior to the provider issues, sells, offers for sale, or uses a guaranteed asset protection waiver in Utah. All guaranteed asset protection waivers filed via email must use the NAIC Property and Casualty Transmittal Document, this form is not required when filing via the SERFF system. You may obtain this form from our website http://www.naic.org/documents/industry_rates_09_pc_interactive_trans.pdf

Please provide us with the following addresses

Statutory Home Office Address

Street _____ Contact Name _____
Phone Number _____
PO Box _____ Toll Free Number _____
City _____ Fax Number _____
State/ZIP _____ Email _____

Mailing Address

Street _____ Contact Name _____
Phone Number _____
PO Box _____ Toll Free Number _____
City _____ Fax Number _____
State/ZIP _____ Email _____

Company Renewal Contact

Street _____ Contact Name _____
Phone Number _____
PO Box _____ Toll Free Number _____
City _____ Fax Number _____
State/ZIP _____ Email _____

Fraud Assessment Contact

Street _____ Contact Name _____
Phone Number _____
PO Box _____ Toll Free Number _____
City _____ Fax Number _____
State/ZIP _____ Email _____

Complaints Contact

Street _____ Contact Name _____
Phone Number _____
PO Box _____ Toll Free Number _____
City _____ Fax Number _____
State/ZIP _____ Email _____

Registered Agent for Service of Process in Ut

Contact Name _____
Street _____ Phone Number _____
PO Box _____ Toll Free Number _____
City _____ Fax Number _____
State/ZIP _____ Email _____

Other States Where Provider Offers Guaranteed Asset Protection Waivers:

(attach additional sheet if necessary)

Please answer the following questions for the Provider and each Officer or Director (collectively referred to as "you" in the following questions). **If the answer to questions 1 thru 5 are yes, please attach a signed and dated explanation and include copies of all pertinent documents.**

1. Have any of you been denied a license or authority to act as a Guaranteed Asset Protection Provider or had a license or authority to act as a Guaranteed Asset Protection Provider revoked or suspended in Utah or any other State? Yes No

2. Have any of you had any action taken against you by the insurance department of any state or any action against any other professional licenses that any of you hold or have held in any State or other jurisdiction?: Yes No

3. Exclusive of minor traffic violations, have any of you been convicted of, or plead guilty or no contest to, any crime or offense against any of the laws of the United States, any State, or other jurisdiction? Yes No

4. Do any of you have any administrative, civil or criminal action pending against you in any State or other jurisdiction? Yes No

5. Have any of you ever been an Officer, Director, or Control Person of any other entity that has been denied a license by any State's insurance department, or had any administrative or criminal action taken against it by any State or other jurisdiction?
 Yes No

6. Has a copy of all compliant guaranteed asset protection waivers that the provider intends to issue, sell, offer for sale, or use in the State of Utah been attached to the application?
 Yes No

I certify that I have read and am familiar with the requirements of Chapter 6b of the Utah Insurance Code and that the Provider meets all requirements to qualify as a Guaranteed Asset Protection Provider in the State of Utah. I further certify that, after due inquiry, the information provided in this application is true and correct to the best of my knowledge and belief.

Date: _____

Authorized Signature: _____

Printed Name & Position: _____
