

HOW TO SUBMIT

All of the following must be attached to and submitted via email to pcforms@utah.gov

The email must contain the following items:

- A signed and completed application
- A copy of each GAP waiver contract the provider intends to sell, offer to sell, or otherwise provide in Utah.

The application is considered received once the completed application and fee have both been received by the Department. Any application that does not contain the above items or is not submitted via email will be rejected.

The fee must be mailed to:

Utah Insurance Department
4315 South 2700 West Suite 2300
Taylorsville, Utah 84129

The check needs to be attached to a copy of the signed and complete application.

NOTE: The emailed application will not be processed until the fee has been received by the Department.

FILING REQUIREMENTS

Once the provider has been issued an active registration, Utah Code. §31A-6b-203 requires any new, replaced or modified forms to be filed at least 30 days before use. The preferred method for filing new, replaced or modified forms is electronically via SERFF (www.serff.com)

UTAH GUARANTEED ASSET PROTECTION PROVIDER APPLICATION

Under Utah Insurance Code Chapter 6b
Utah Department of Insurance
4315 South 2700 West, Suite 2300 Taylorsville, Utah 84129

DATE: _____

NAME OF PROVIDER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ TOLL FREE NUMBER: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

FEIN # _____

CONTACT PERSON FOR REGULATORY MATTERS: _____

APPLICATION FEE (must accompany this application) \$1000.00

Form of Organization:

Proprietorship Partnership LLC other: _____

Corporation state and date of incorporation: _____

Is the provider registered with the Utah Division of Corporations Yes No

State of Domicile: _____

List of all Officers and/or Directors of the Provider: (attach additional sheet if necessary)

*A Control Person is any person who is a partner (other than a limited partner), officer, director, or anyone having an ownership interest of 10% or more of the provider, whether that person is an individual or other entity.

Other states where the provider offers guaranteed asset protection waivers:

PLEASE PROVIDE THE FOLLOWING ADDRESSES

Statutory Home Office

Contact name: _____

Address, city, state, zip: _____

Phone number: _____ Email address: _____

Toll-free number: _____ Fax number: _____

Mailing

Contact name: _____

Address, city, state, zip: _____

Phone number: _____ Email address: _____

Toll-free number: _____ Fax number: _____

Business Location

Contact name: _____

Address, city, state, zip: _____

Phone number: _____ Email address: _____

Toll-free number: _____ Fax number: _____

Company Renewal

Contact name: _____

Address, city, state, zip: _____

Phone number: _____ Email address: _____

Toll-free number: _____ Fax number: _____

Fraud Assessment

Contact name: _____

Address, city, state, zip: _____

Phone number: _____ Email address: _____

Toll-free number: _____ Fax number: _____

Complaints

Contact name: _____

Address, city, state, zip: _____

Phone number: _____ Email address: _____

Toll-free number: _____ Fax number: _____

Utah Registered Agent for Service of Process Contact name: _____

Address, city, state, zip: _____

Phone number: _____ Email address: _____

Toll-free number: _____ Fax number: _____

Please answer the following questions for the provider and each officer, director and control person (collectively referred to as “you” in the following questions). ***If the answer to any question is yes, 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 Utah or any other state? Yes No
3. Exclusive of minor traffic violations, have any of you ever been convicted of, or plead guilty or no contest to, any crime or offense against any laws of the United States in Utah or any other state? Yes No
4. Do any of you have any administrative, civil or criminal action pending against you in Utah or any other state? Yes No
5. Have any of you 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 by Utah or any other state? Yes No

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

Date: _____

Authorized Signature: _____

Printed Name & Position: _____