

UTAH INSURANCE DEPARTMENT
4315 S. 2700 W., Suite 2300
Taylorsville, UT 84129
801-957-9200

Foreign Motor Club Insurer Admission Application

This packet contains the information required to determine if an applicant meets the statutory standards for issuance of a Certificate of Authority to perform an insurance business within Utah. Information available from the NAIC will also be used in determining the applicant's compliance with Utah statutory standards.

Statutory standards for the issuance of a Certificate of Authority are (Utah Code Ann § 31A-11)

- (1) all specific requirements of Utah law have been met;
- (2) the applicant is sound, reliable, entitled to public confidence and can reasonably be expected to perform its obligations continuously in the future
- (3) the applicant's directors and officers, or its US manager, are sufficiently trustworthy and competent to engage in the proposed insurance business in Utah and to comply with Utah laws; and
- (4) the applicant has been in business long enough to demonstrate its competence to engage in the proposed insurance business in Utah

Incomplete applications will be returned without action and the fees forfeited. Applications with improper fees and/or lacking the information requested are considered incomplete.

If the application is complete and no additional information is required, notice of approval or disapproval should be mailed within ninety days after the date the application is received. If the application is disapproved, a hearing may be requested.

Applicants whose financial condition does not meet the minimum standards required in 31A-11 will be disapproved.

**APPLICATION FOR A MOTOR CLUB
CERTIFICATE OF AUTHORITY IN THE STATE OF UTAH**

TO THE MOTOR CLUB ADDRESSED:

We acknowledge your request for information on admittance of your company to transact business in the State of Utah. **All documentation must be dated no more than three months from the date of the application.**

The following items and statements must accompany your letter of request:

1. Original of our form, Application for Certificate of Authority.
2. Required fee of \$1,000. E-commerce fee is \$75.
3. Original of our form, Registered Agent and Registered Office.
4. Original of our form, Acceptance of Constitution.
5. Original of our form, Authorization to Appoint and Remove Agents.
6. Correspondence Addresses form
7.
 - a. A copy of the applicant's current articles of incorporation duly certified by the regulatory authority in the applicant's home state to be a true copy of the same on file in his office.
 - b. Bylaws - A copy of the applicant's current bylaws, duly certified by an officer of the company.
8. One copy of the most recent examination report, duly certified by the regulatory authority in the applicant's home state to be a true copy of the same on file in his office.
9. A statement on company letterhead, signed by an officer of the company, as to whether applicant has ever been denied admission to any state as a motor club, or otherwise, and if so, which state or states and when and why. If an application has been withdrawn from any state, statement as to reason for withdrawal should be given.
10. A statement on company letterhead, signed by an officer of the company as to whether applicant's license or certificate of authority to do business has ever been revoked or suspended.
11. The most recent audited financial statement.
12. Copy of each form of service agreements, contract and service brochure proposed to be used in the State of Utah.
13. Certificate of compliance from the domiciliary state.

14. Roster of officers and directors. Biography of officers, directors, trustee, and each principal supervisory personnel of the applicant sworn to or certified under penalty of perjury by each such individual. These must be dated no more than three months from submission of application and must have original signatures. FORM ATTACHED
15. Deposit or Bond in compliance with Section 31A-2-206, in the amount of \$100,000. In lieu of the deposit, the applicant may supply a bond of a corporate surety authorized to do a surety business in this state, in the same sum and in a form prescribed (ATTACHED) by the commissioner, payable to the state.

Version 7/1/2010
Updated 4/29/2021

STATE OF UTAH
DEPARTMENT OF INSURANCE

APPLICATION FOR CERTIFICATE OF AUTHORITY
(MOTOR CLUB)

NAME OF INSURER _____

DATE ORGANIZED: _____ STATE OF DOMICILE: _____

ADMINISTRATIVE MAILING ADDRESS

STREET _____

P O BOX _____

CITY _____

STATE/ZIP _____

PHONE NUMBER _____ - _____ - _____ 800- _____

FAX NUMBER _____

TYPES OF INSURANCE LINES BEING APPLIED FOR
(Utah Code Annotated Sections in Brackets)

Pursuant to section 31A-11-102(1) and (2) of the Utah Insurance Code, the types of services indicated by an "X" below:

- | | | | |
|--------------------------|---|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Agent or broker for obtaining insurance | <input type="checkbox"/> | Cash Bond Guarantees |
| <input type="checkbox"/> | Legal Services related to ownership and use of a motor vehicle | <input type="checkbox"/> | Towing and emergency road service |
| <input type="checkbox"/> | Guaranteed Arrest Bonds | <input type="checkbox"/> | Theft Services |
| <input type="checkbox"/> | Specified expenses related to automobile accident (excludes liability, personal injury or automobile damages) | <input type="checkbox"/> | Other services as follows: |

Signed at _____ this _____ day of _____, 200__

By _____

Title _____

OFFICE USE ONLY:

C.A. NO. _____

Date Admitted _____

UTAH DEPARTMENT OF INSURANCE

REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to Section 31A-14-204(1), Utah Insurance Code, all foreign insurers must provide the name and address of a registered agent for purposes of service of process. Companies are not allowed to appoint the commissioner of Insurance as their registered agent, and the registered agent must be located in Utah. **READ DEFINITION CAREFULLY. REGISTERED OFFICE IS NOT THE SAME AS REGISTERED AGENT.** A registered agent is defined in Sections 16-17-202, 16-16-17-204 and 16-17-301.

(Name of Insurance Company)

Address of Registered Agent & Registered Office:

Telephone Number of Registered Agent: _____

We declare that we have examined the above information to be true and correct, to the best of our knowledge.

Print Name of Registered Agent

Print Name of Company Officer

Signature of Registered Agent

Signature of Company Officer

Section 31A-14-204(2) states that the registered office shall have sufficient personnel to provide information and assistance to Utah insureds, unless the insurer informs policyholders on the policy or on other written communications of a toll-free telephone connection accessible at normal business hours in this state.

800-
Toll-free telephone number of Insurance Company

OR

Name and Address of Registered Office in Utah:

Phone Number

STATE OF UTAH
DEPARTMENT OF INSURANCE

ACCEPTANCE OF CONSTITUTION

WHEREAS, _____
was duly incorporated under the laws of _____ on the _____ day of
_____, _____; and

WHEREAS, the said corporation is desirous of doing business within the State of Utah;

NOW, THEREFORE, We, the undersigned, _____ and
_____ hereby certify that we are the President and Secretary respectively of said
corporation, and we

FURTHER CERTIFY that at a meeting of the Board of Directors of said corporation held at
_____ on the _____ day of _____, 20____, the following
RESOLUTION was duly adopted:

"BE IT RESOLVED by the Board of Directors of _____
that the provisions of the Constitution of the STATE OF UTAH are hereby accepted as binding upon said
Corporation."

IN WITNESS WHEREOF, we have subscribed our names and affixed the Seal of said Corporation this _____
day of _____, 20_____.

President

Secretary

STATE OF UTAH INSURANCE DEPARTMENT

AUTHORIZATION TO APPOINT AND REMOVE AGENTS

This is to certify _____
(name of company)

domiciled in _____ has appointed and authorized the following to represent said company with full power and authority to appoint and remove all local, special, or soliciting agents for said company in the State of Utah.

1. _____
Name (Print) Signature City State
2. _____
Name (Print) Signature City State
3. _____
Name (Print) Signature City State

In witness, we set our hands and official seal at the city of _____
in the State of _____ this _____ day of _____, 20____.

Secretary _____

President _____

INSTRUCTIONS: Each new filing updates previous filings and all persons authorized are required to be listed on the form. No more than three persons may be authorized at one time. Please state name of company identical to name on our records. Enclose a self-addressed, stamped envelope for return of an approved copy.

UTAH INSURANCE DEPARTMENT
CORRESPONDENCE ADDRESSES

COMPANY NAME:

Please indicate in the space provided where each type of correspondence should be directed. If the address for the given type of correspondence is the same as the "Admin. Mailing Address" on the application for Certificate of Authority, please enter "SAME"

1) Consumer Complaint

2) Agent Licensing

(name of person)

(name of person)

(street or box number)

(street or box number)

(city) (state) (zip)

(city) (state) (zip)

() - _____

() - _____

3) Company Renewals

4) Mailing Address

(name of person)

(name of person)

(street or box number)

(street or box number)

(city) (state) (zip)

(city) (state) (zip)

() - _____

() - _____

**UTAH STATE MOTOR CLUB
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.
IF THE ANSWER TO ANY QUESTION IS "NO" OR "NONE", PLEASE SO STATE.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)

1. a. Affiant's Full Name (Initials Not Acceptable). _____
b. Maiden Name (if applicable). _____

2. a. Have you ever had your name changed? ___ If yes, give the reason for the change and provide the full name(s).

- b. _____ Other name

3. a. Are you a citizen of the United States?
b. Are you a citizen of any other country, if so, what country?

4. Affiant's Occupation or Profession. _____

5. Affiant's business address. _____

Business telephone. _____

6. Education and Training:

<u>College/ University Obtained</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree</u>
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<u>Graduate Studies:</u>	<u>College/ University Degree Obtained</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>
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Other Training: Name City/ State Dates Attended (MM/YY)
Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

7. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Present or proposed position with the applicant entity. _____

9. List complete employment record for the past ten (10) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending
Dates (MM/YY) _____ - _____ Employer's Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employer's Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employer's Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employer's Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? _____ If any claims were made on the bond, give details. _____
b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. **In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question.** Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? _____

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? _____
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? _____

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? _____
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? _____

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? _____
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? _____
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? _____

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any **insurance** entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

If any of the stock is pledged or hypothecated in any way, give details. _____

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any **insurance** entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

15. Have you ever been adjudged a bankrupt? ____ If yes, provide details _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? _____

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? _____

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____ 20__ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Date

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. a. Affiant's Full Name (Initials Not Acceptable). _____
b. Maiden Name (if applicable) _____
2. Affiant's Social Security Number _____
3. Government Identification Number if not a U.S. Citizen _____
4. Foreign Student ID# (if applicable) _____
5. Date of Birth: (MM/DD/YY) _____ Place of Birth: City _____
State/Province _____ Country _____
6. Name of Affiant's Spouse (if applicable) _____
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> (MM/YY)	<u>Address</u> <u>Postal Code</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>

Dated and signed this _____ day of _____, 20____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Date

Bond No.

MOTOR CLUB BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, _____, as Principal, and _____ a corporation of the State of _____, duly authorized to do a surety business in the State of Utah, as Surety, are held and firmly bound unto any person whose application for membership in Principal has been accepted by Principal or Principal's representative and to any person defrauded or injured by any wrongful act, misrepresentation or failure on the part of Principal in selling or rendering any of Principal's services and unto the State of Utah in the sum of One Hundred Thousand and No/100 (\$100,000.00) Dollars, for the payment of which, well and truly to be made, we bind ourselves, and each of our heirs, executors and administrators, jointly and severally, firmly by these presents.

The conditions of the above obligation are such that:

Whereas, the above bounded Principal is about to apply, or has applied, to the Insurance Commissioner of the State of Utah for Certificate of Authority as a motor club pursuant to the provisions of Title 31A-11-106(2), Utah Code Annotated, permitting the above said bounded principal to act as a motor club to solicit and to execute and deliver service contracts or agreements under the conditions set forth and prescribed by said statutes.

Now, therefore, if the said above bounded Principal shall: (1) fully and faithfully comply with the requirements of Title 31A-11-106(2), Utah Code Annotated, as that law now exists or is hereafter amended; (2) faithfully furnish and render to any person whose application for membership in Principal has been accepted by Principal or Principal's representative any and all motor club services sold or offered for sale by Principal: and (3) pay any fines, fees or penalties imposed upon Principal pursuant to the provisions of Title 31A-11-104, Utah Code Annotated, this obligation shall be void; otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED this _____ day of _____, 20 _____.

Principal _____

Surety _____

BY: _____
(Attorney in Fact)