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.
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.
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:

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

Signed at__________________________this _________ day of ___________________, 200__

By_________________________________________
Title______________________________________

OFFICE USE ONLY:
C.A. NO.____________
Date Admitted_______________
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

__________________________________________________
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)
nominated 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.
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

_____________________________________________________________

(name of person) (name of person)

(street or box number) (street or box number)

(city) (state) (zip) (city) (state) (zip)

(____) - (____)

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

_____________________________________________________________

(name of person) (name of person)

(street or box number) (street or box number)

(city) (state) (zip) (city) (state) (zip)

(____) - (____)

4) Mailing Address

_____________________________________________________________

(name of person) (name of person)

(street or box number) (street or box number)

(city) (state) (zip) (city) (state) (zip)

(____) - (____)
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).

   Other names:

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.

6. Education and Training:

<table>
<thead>
<tr>
<th>College/ University Obtained</th>
<th>City/ State</th>
<th>Dates Attended (MM/YY)</th>
<th>Degree</th>
</tr>
</thead>
</table>

   | Graduate Studies: College/ University Degree Obtained | City/ State | Dates Attended (MM/YY) |

### Other Training:

<table>
<thead>
<tr>
<th>Name</th>
<th>City/ State</th>
<th>Dates Attended (MM/YY)</th>
<th>Degree/Certification Obtained</th>
</tr>
</thead>
</table>

(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.

<table>
<thead>
<tr>
<th>Name of Society/Association</th>
<th>Contact Name</th>
<th>Address of Society/Association</th>
<th>Telephone Number of Society/Association</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Beginning/Ending Dates (MM/YY)</th>
<th>Employer’s Name</th>
<th>Address</th>
<th>City</th>
<th>State/Province</th>
<th>Country</th>
<th>Postal Code</th>
<th>Phone</th>
<th>Offices/Positions Held</th>
<th>Supervisor / Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning/Ending Dates (MM/YY)</td>
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<td>Country</td>
<td>Postal Code</td>
<td>Phone</td>
<td>Offices/Positions Held</td>
<td>Supervisor / Contact</td>
</tr>
</tbody>
</table>
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? _______________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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
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
   Dates (MM/YY)  Address  City  State/Province  Country  Postal Code
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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
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)