

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 copy of the company's constitution, charter, articles of organization, agreement, association, or incorporation, and a copy of its bylaws, plan of operation, and any other rules or regulation governing the conduct of business.
- A list of its members and/or subscribers
- A statement explaining in what capacity it plans to function and showing its technical qualification for acting in the capacity for which it seeks a license.
- Biographical information, as defined by the department, of the officers and directors of the organization
- Any other relevant information and documents that the commissioner requires.

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 and/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 completed application.

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

APPLICATION FOR:
RATE SERVICE ORGANIZATION

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

DATE: _____

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

FEIN # _____

CONTACT PERSON FOR REGULATORY MATTERS: _____

APPLICATION FEE (must accompany this application)

\$300.00

(\$250.00 other organization application fee + \$50.00 E-Commerce fee)

Form of Organization:

Proprietorship Partnership LLC Other: _____

Corporation

State and date of incorporation: _____

State of Domicile: _____

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: _____

Company Renewal

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: _____