

## **HOW TO SUBMIT**

All of the following must be attached to and submitted via email to [pcforms@utah.gov](mailto:pcforms@utah.gov)

The email must contain the following items:

- A signed and completed application
- A copy of a compliant reimbursement policy issued to the provider
- A copy of each service contract, home warranty and/or vehicle protection product warranty 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-6a-103(2)(d) 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](http://www.serff.com))

**APPLICATION FOR:**  
**SERVICE CONTRACT PROVIDER**  
**HOME WARRANTY PROVIDER**  
**VEHICLE PROTECTION PRODUCT WARRANTY PROVIDER**

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)**

**\$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: \_\_\_\_\_

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

State of Domicile: \_\_\_\_\_

**List of all Officers, Directors & Control Persons\* 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.

**Types of service contracts/warranties to be offered by the provider:**

VEHICLE SERVICE CONTRACT

VEHICLE PROTECTION PRODUCT WARRANTY

HOME WARRANTY

CONSUMER GOODS WARRANTY (WITH A PURCHASE PRICE OF OVER \$3700)

Other states where the provider offers service contracts, vehicle protections product warranty and/or home warranty: (attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

**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 ever been denied, had revoked or suspended, a license or authority to act as a Service Contract or Warranty Provider in Utah or any other state?  Yes  No
  
2. Have any of you ever had any action taken against you by the insurance department of any state or any action against any other professional licenses that 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 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 by Utah or any other state?  Yes  No

**I certify that I have read and familiar with the requirements of Chapter 6a of the Utah Insurance Code and meet all requirements to qualify as a Service Contract, Home Warranty or Vehicle Protection Warranty 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:** \_\_\_\_\_