



South Carolina Department of Insurance

Division of Consumer and Individual Licensing Services
Capital Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P. O. Box 100105, Columbia, SC 29202-3105
Telephone: (803) 737-6099

APPLICATION FOR RENEWAL OF SERVICE CONTRACT LICENSE FOR THE LICENSING PERIOD OCTOBER 1, 20____ THROUGH AUGUST 31, 20____.

Company Name: _____ Company License Code: _____

Address: _____
Street Address State ZIP Code

Mailing Address: _____
Street Address or P. O. Box State ZIP Code

Business Phone Number: _____ Fax Number: _____

Contact Person _____ Phone No.: _____ Email: _____

The records of the South Carolina Department of Insurance reflects that your organization is currently licensed as a Service Contract Provider. Pursuant to the requirements of S.C. Code Ann. Sections 38-78-10 thru 38-78-120 et seq. (Supp. 2000). Your license continuation fee is **\$200**. Make remittance payable to **South Carolina Department of Insurance**. **This application must be completed in its entirety (including supporting documents with prior year-end financial statement submitted) and returned to this Department no later than October 1, 2017 of the reporting period. Failure to comply with this renewal will result in the cancellation of your license and a reinstatement fee being applied. Note: This form must be type written . All renewals are accepted between Sept. 1st thru Oct. 1 of each year.**

SECTION 1

How will this Provider assure the faithful performance of the provider's obligations to its contract holder? Check which one of the following methods this Provider will use to assure such performance in accordance with South Carolina Code Ann. Section 38-78-30(D):

1. _____ Insure all service contracts under a reimbursement insurance policy issued by an insurer authorized to transact insurance in this state. **(if checked, a copy of the entire insurance policy must be attached to this renewal application, along with proof that policy is in effect and provide your prior year-end financial statement.**
2. _____ Maintain a funded reserve account and place in trust with the South Carolina Department of Insurance and financial institution a financial security deposit **(if checked, this registration is not complete until computation for provider's funded reserve account is completed, proof of reserve account is furnished with this renewal application, and year-end financial statement is provided.** If reserve amount is negative, provider must infuse funds into account and provide this office with proof of account balance. All funds must be kept separate from the provider's operating accounts.

Computation for Provider's Funded Reserve Account

- (a) Total gross consideration received from South Carolina contact holders \$ _____
- (b) Total claims paid during the year \$ _____
- (c) Subtract the claims paid in subsection (b) from the gross consideration \$ _____
- (d) Multiply the answer in subsection (c) by 40% \$ _____

(e) Total funded reserve amount (shown in subsection (d)) held in trust by Provider to assure the faithful performance of the provider to South Carolina contract holders \$ _____

(f) Multiply the answer in subsection (c) by 5% - total funded reserve amount held in trust by the department of Insurance to assure the faithful performance of the provider to South Carolina contract holders (deposit must not be less than \$25,000) \$ _____ (If answer is more than \$25,000, you must increase your surety bond and submit to this office)

3. _____ Maintain a net worth of at least one hundred million dollars (\$100,000,000). If checked, one of the following must be attached.

a. _____ Provider's parent most recent Form 10-K filing with the Securities and Exchange Commission (SEC) with the provider's year-end financial statement.

b. _____ Provider's parent audited financial statement, (1) which must be prepared as of the end of the calendar year or quarter prior to this registration (2) prepared in accordance with accounting principles generally accepted in the USA (GAAP); and (3) audited by an independent certified public accountant (CPA) in accordance with auditing standards generally accepted in the USA.

SECTION 2

Indicate the total number of contracts remaining in force in South Carolina on the last day of reporting period _____

Indicate the total number of new contract written in South Carolina since last renewal period _____

Indicate the total number of complaints received from South Carolina contract holders since last renewal period _____

Indicate the total number of claims denied since last renewal period _____

Section 3

List the names and title of all administrator(s) or designee(s) who are administering your service contracts in South Carolina. (if none, indicate on form)

1. _____
2. _____
3. _____
4. _____

Section 4

Indicate what types of product(s) are covered by the service contracts for which this company is the obligor.

Vehicles Electronics Appliance Jewelry Furniture Homes

Other (Please specify) _____

Section 5 Background Information

Please read the following very carefully and answer every question as it relates to the Provider and, if applicable, to the provider. If the answer to any of the below is "yes" please provide a full explanation and certified documents where applicable.

All written statements submitted by the Provider must include original signature. Please note that failure to disclose information relevant to this section may constitute cause to refusal to re-register the Provider or cause discipline against the Provider's registration.

To your knowledge, have you or any of your subsidiaries or administrators entities acting on your behalf:

- (a). yes no Violated any provision in Sections 38-78-30 thru 38-78-100, or violated any rule or order of the director?
- (b). yes no Misappropriated or converted any moneys or properties received in the course of doing business?
- (c). yes no Been convicted of any felony?
- (d). yes no Used fraudulent, coercive, or dishonest practices or demonstrated incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this state or elsewhere?
- (e). yes no Been found in violation of a law by court of competent jurisdiction in an action instituted by any officer of any state of the United States in any matter involving motor vehicle extended service contracts, financial services, investments, credit, insurance, banking or finance?
- (f). yes no Signed the name of another to an application or license or to any document related to motor vehicle extended service contract transactions without authorization?
- (g). yes no Been refused a license or had a license revoked or suspended by a state or federal regulator of service contracts, financial services, investments, credit, insurance, banking or finance?
- yes no Unlawfully acted as a motor vehicle extended service contract producer without a license?
- yes no Failed to comply with any administrative or court order directing payment of state or federal income tax?
- yes no Within the last fifteen years been declared insolvent by the director or his designee or a motor vehicle extended service regulator of another state or been the subject of a bankruptcy petition?

Section 6. Provider's Certification and Attestation

The undersigned affirms or swears under penalty of perjury that: (1) the information stated in this registration and any attachments thereto is true and correct to the best of his or her belief, information and knowledge, and (2) the undersigned has read and understood the legal requirements printed with this form, Must be signed by an officer, director, or partner of the Provider or member or manager if a limited liability company.

_____ (Signature) _____ (Typed or Printed Name) _____ (Title)

Sworn To Before Me This _____ day of _____, 20____

My Commission Expires: _____

Notary Public Signature

Service Contract Provider Controlling Person Biographical Affidavit

PURSUANT TO SOUTH CAROLINA CODE, TITLE 38, CHAPTER 78

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

This form must be completed by each Service Contract Provider Controlling Person.

1. Present or proposed service contract provider under which this biographical affidavit is required:

2. Controlling Person's Full Name (initials not acceptable):

3. Other Name (s) (if applicable):

4. Date of Birth:

5. Gender:

6. Percent of Ownership:

7. Title:

8. Individual Physical Address: STREET ADDRESS MUST BE DESIGNATED BELOW. (Do not list a P.O. Box.)

Number, Street, Suite No., Apt. No.

City

State

Zip Code

9. Mailing Address: (USED FOR ALL CORRESPONDENCE)

Number, Street, Suite No., Apt. No.

City

State

Zip Code

10. Telephone Number:

11. Fax Number:

12. Email Address:

13. Social Security Number:

**14. What is your present or proposed position and duties with this service contract provider applicant?
Please be specific about your duties.**

ATTACHMENTS

15. Attach a resume to demonstrate your education and training.

16. Attach additional pages detailing all previous employment experience whether compensated or otherwise related to the Service Contract Provider industry. Please be specific about your duties.

17. PLEASE ANSWER THE FOLLOWING QUESTIONS

If you have any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

- Yes No Has any business for which you are or were a controlling person filed a petition under any chapter of the Bankruptcy Code?
- Yes No Have you ever been refused a license or license renewal for a service contract provider, service contract related company, or a license in any state?
- Yes No Are you operating, acting, or have acted as a controlling person for any other service contract provider or service contract related company?
- Yes No Have you or a service contract provider or service contract related company in which you were, or are a controlling person, ever been disciplined by a state regulatory body?
- Yes No Have you or a service contract provider or service contract related company in which you were, or are a controlling person, ever been convicted of or pleaded guilty or no contest (nolo contendere) to any felony or misdemeanor, other than civil traffic offenses, or is there any charge now pending?
- Yes No Have you or a service contract provider or service contract related company for which you were, or are a controlling person, ever been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory or disciplinary action?

If you answered Yes to any of the above questions, please attach copies of documentation on separate pages providing the details including names, contact information, dates, locations, dispositions, etc.

18. SIGNATURE

I certify that I will comply with all applicable provisions of Title 38, Chapters 78 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Provider under which this form is required.

Authorized Signature

Date Signed

Printed Name

Title