

South Carolina Department of Insurance Division of Consumer and Individual Licensing Services

ivision 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) 737-6134

APPLICATION FOR RENEWAL OF SERVICE CONTRACT LICENSE

FOR THE LICENSING PERIOD OCTOBER 1, 20_	THROUGH SEPTEME	BER 30, 20
Company Name:	Company Code:	
Address:		
Street Address	State	ZIP Code
Mailing Address: Street Address or P. O. Box	State	ZIP Code
Business Phone Number:		
Dusiness Friend Number.	r dx Ndinber.	
Contact: Contact Phone No.:	Email:	
The records of the South Carolina of Insurance reflect that your orgen Pursuant to the requirements of S.C. Code Ann. Section 38-78-10 et remittance payable to South Carolina Department of Insurance . This Department along with all other required items no later than October administrative penalties being applied . Note: This form must be type	seq. (Supp. 2000). Your licenses application must be completed 1, 20 Failure to comply	e continuation fee is \$200 . Make in its entirety and returned to this
SECTION 1 - SELECT THE METHOD USED TO MEET TH UNDER S.C. CODE ANN. SECTION 38-78-30(D).	E FINANCIAL SECURITY	REQUIREMENT SPECIFIED
1 Reimbursement Insurance Policy (Must provide cop	y of insurance policy with this	s renewal)
 Funded Reserve Account. If you established a fund Department, please complete the Reserve Calculation bel percent of gross consideration received, less claims paid, of in this State. If your reserve balance is negative, you sound to cover its contractual obligations to contract he Twenty-five Thousand Dollars (\$25,000). Evidence of your 	ow. Remember, your reser on the sale of the service cor must provide this office tha olders in this State. Securit	ve may not be less than forty atracts for all in-force contracts at the company is financially ty pledge cannot be less than
Reserve Calculation: A Total Number of Contracts Issued and Outstanding in S B Gross Consideration Received C Less: Claims Paid D = Net Consideration Received (B minus C) E Funded Reserve Amount (B x 40%) minus C F Gross Consideration Received (B x5%) minus C	\$ \$ \$	
3 Submit a recent copy of Parent's Audited Finance Securities and Exchange Commission (SEC) within the last		or Form 20-F filing with the
SECTION 2 - INDICATE THE TOTAL NUMBER OF CONTRAC	CTS INFORCE IN SOUTH CA	AROLINA.
TOTAL NUMBER OF CONTRACTS:		

SECTION 3 - INDICATE THE TOTAL NUMBER OF NEW CONTRACTS WRITTEN IN SOUTH CAROLINA SINCE THE LAST RENEWAL PERIOD.
TOTAL NUMBER OF NEW CONTRACTS:
SECTION 4 - INDICATE THE TOTAL NUMBER OF COMPLAINTS RECEIVED FROM RESIDENTS OF SOUTH CAROLINA SINCE THE LAST RENEWAL PERIOD.
TOTAL NUMBER OF COMPLAINTS:
SECTION 5 - INDICATE THE NUMBER OF CLAIMS DENIED SINCE THE LAST RENEWAL PERIOD.
TOTAL NUMBER OF CLAIMS DENIED:
SECTION 6 - LIST THE NAMES AND TITLE OF ALL ADMINISTRATORS OR DESIGNEES WHO ARE ADMINISTERING YOUR SERVICE CONTRACTS.
1
2
3
4
SECTION 7 - CHECK THE TYPE OF PRODUCT COVERED BY THE SERVICE CONTR ACT
Indicate what types of product are covered by the service contracts for which this company is the obligor.
☐ Vehicles ☐ Electronics ☐ Appliance ☐ Jewelry ☐ Furniture ☐ Homes
Other (Please specify)
APPLICANT'S SWORN ST ATEMENT
I do solemnly swear that all information contained within this application, is complete, true, and correct to the best of my knowledge. Sworn to before me this day of
Signed
Title



SOUTH CAROLINA DEPARTMENT OF INSURANCE

P. O. Box 100105 – Columbia, SC 29202-3105 (803) 737-6134 – Fax (803) 737-6100 www.doi.sc.gov – wseawright@doi.sc.gov

Service Contract Provider Controlling Person Biographical Affidavit

PURSUANT TO SOUTH CAROLINA CODE, TITLE 38, CHAPTER 78

DO NOT WRITE A			
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.

If you have	any dou	17. PLEASE ANSWER THE FOLLOWING QUESTIONS bt 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?
•		s to any of the above questions, please attach copies of documentation on separate pages including names, contact information, dates, locations, dispositions, etc.
		18. SIGNATURE
certify all in information	formation on this fo	nply with all applicable provisions of Title 38, Chapters 78 of the South Carolina Code of Laws. I submitted on this form and attachments is true and accurate. I understand that providing false orm may result in the revocation of the registration or imposition of administrative penalties for hich this form is required.
Authorized Si	gnature	Date Signed
Printed Name	· · · · · · · · · · · · · · · · · · ·	Title