



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF INSURANCE, SECURITIES AND BANKING**  
1050 First Street, NE, Suite 801  
Washington, DC 20002  
202-727-8000



**SERVICE PROVIDER APPLICATION REGISTRATION FORM**

**IMPORTANT- PLEASE READ**

\* **REGISTRATION IS required** if you are an entity or person contractually obligated to the service contract holder under the terms of the service contract.

**New Application - \$200 (Fee)**

**Renewal Application - \$200 (Fee)**

**Amended Application - No Fee**

**Registration #**

1. Legal Name of Provider:		2. Federal ID# (FEIN)
3. DBA Name (1)		
4. DBA Name (2)		
5. Business Address:		
	City	State: Zip:
6. Mailing Address:		
	City	State: Zip:
7. Provider Telephone:	Toll Free No	
8. Website URL(s):		

**Contact Information of representative handling service contracts inquiries regarding the provider:**

9. Name:			
10. Address:			
11. City:	State:	Zip:	
12. Telephone Number:	13. Email:		

**Contact Information of Provider's Administrator (if any):**

**Contact Information of the Person Completing this Form (if different from Administrator):**

14. Name:	15. Name:
Address:	Address:
City/State:	City/State:
Zip/Phone:	Zip/Phone:
Email:	Email:

## SECTION II - Compliance Documentation

**16. Please submit the following documents:**

A current Letter of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs [[www.d cra .dc.gov](http://www.d cra .dc.gov)].

## SECTION III - Registered Agent for Service of Process in the District of Columbia

**17. Provide the name and address of the applicant's registered agent for service of process in the District of**

**Columbia:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If the registered agent is an officer or employee of the provider, please provide his or her title or position:

\_\_\_\_\_

## SECTION IV - TYPES OF SERVICE CONTRACTS ISSUED

18. Please indicate below every type of service contract the provider will issue in the District of Columbia.

Auto <input type="checkbox"/>	Home <input type="checkbox"/>	Electronic <input type="checkbox"/>	Utilities (Private) <input type="checkbox"/>
<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Tire & Wheel <input type="checkbox"/> Key Fob Replacement <input type="checkbox"/> Paintless Dent Removal <input type="checkbox"/> Windshield <input type="checkbox"/> Other _____	<input type="checkbox"/> Major Appliance <input type="checkbox"/> Heating/Furnace <input type="checkbox"/> Plumbing <input type="checkbox"/> Water Heater <input type="checkbox"/> Washing Machine <input type="checkbox"/> Clothes Dryers <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Dishwasher <input type="checkbox"/> Solar Panels <input type="checkbox"/> Refrigerator <input type="checkbox"/> Other _____	<input type="checkbox"/> Desktop Computer and Peripheral <input type="checkbox"/> Lap Top <input type="checkbox"/> Tablets <input type="checkbox"/> Camera <input type="checkbox"/> Gaming System <input type="checkbox"/> Television <input type="checkbox"/> Cellular Telephone <input type="checkbox"/> Other _____	<input type="checkbox"/> Sewer <input type="checkbox"/> Gas Lines <input type="checkbox"/> Oil Lines <input type="checkbox"/> Electricity <input type="checkbox"/> Telephone <input type="checkbox"/> Other _____
Furniture <input type="checkbox"/>	Jewelry <input type="checkbox"/>	Watercraft <input type="checkbox"/>	
<input type="checkbox"/> Fabric Furniture Protection <input type="checkbox"/> Other _____	<input type="checkbox"/> Repair <input type="checkbox"/> Other _____	<input type="checkbox"/> Outboard & Personal Jet Boats <input type="checkbox"/> Inboard, Stern Drive & Diesel Engines <input type="checkbox"/> Sports Water Craft <input type="checkbox"/> Other _____	

## SECTION V - REQUIRED INDEMNIFICATION

19. Identify the method by which the applicant will assure faithful performance of its obligations under its service contracts. (All documents are required)

### CHECK ONLY ONE OPTION BELOW:

- ☐ **Option 1: Reimbursement Insurance Policy** – (Submit a copy of the insurance policy(ies) in its entirety from the insurer, RRG or surplus lines carrier.)
- ☐ Maintain policyholder surplus or paid-in capital of at least: \$15 Million; annually file financial statements and actuarial certification from state of domicile; or
  - ☐ Maintain policyholder surplus or paid-in capital of no less than \$10 million, but no greater than \$15 million; maintain a ratio of net written premiums, of not greater than 3 to 1; and file copies of insurer's audited financial statement and actuarial certification from state of domicile.

	Name of Insurer, Risk Retention Group or Surplus Lines Carrier	NAIC Number
1.		
2.		

Any reimbursement insurance policy issued pursuant to the Act shall be issued by an insurer licensed, registered, or otherwise authorized to conduct business in the District and at the time policy is filed and continuously thereafter.

- ☐ **Option 2: Maintain independently or together with its parent company a Net Worth or Stockholders' Equity of \$100,000,000.**

Submit provider's or provider's parent company's most recent Form 10-K or Form 20-F or most recent audited financial statement; or

- ☐ **Option 3: Maintain a Funded Reserve Account** which shall not be less than 40% of gross consideration received, less claims paid, on the sale of the service contract for all in-force contracts; **and**  
**Place in trust with the Commissioner a financial security deposit** having a value of not less than 5% of the gross consideration received, less claims paid on the sale of the service contract for all service contracts issued and in-force, but not less than **\$25,000** consisting of **ONE** the following:
- (i) A surety bond issued by an authorized surety;
  - (ii) Securities of the type eligible for deposit by authorized insurers in the District;
  - (iii) Cash;
  - (iv) A letter of credit issued by a qualified financial institution; or
  - (v) Another form of security prescribed by regulation the Commissioner.

## Certification

Under penalty of perjury, as the authorized representative, and on behalf, of the applicant, I hereby certify that all information submitted on this application is true and correct and that:

- The undersigned is authorized to sign on behalf of the applicant; and
- The applicant will comply with District of Columbia law and regulations.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Signature of Officer

Registration must be renewed annually.

Renewal period begins March 1<sup>st</sup>.

**This Form And Payment Should Be Submitted Through OPTins (optins.org)**

***Applications not submitted through OPTins Must Make Check Payable To: D.C. Treasurer and Mail To:***

D.C. Treasurer Insurance Bureau  
PO Box 712180  
Philadelphia, PA 19171-2180

***If you have questions regarding the application, you may contact: Sheila Johnson-Parker, Insurance Licensing Manager at 202-442-7795 or by email at Sheila.Parker@dc.gov***