

**ORIGINAL/RELICENSING  
ENTITY FORM  
NEW YORK STATE  
DEPARTMENT OF FINANCIAL SERVICES**  
Attention: Licensing Bureau  
One Commerce Plaza  
Albany, New York 12257  
**APPLICATION FOR SERVICE CONTRACT REGISTRATION UNDER  
SECTION 7907 OF THE INSURANCE LAW**  
www.dfs.ny.gov

**FOR DEPT USE ONLY**

Registration No.....	
Ex. By.....	App. By.....
Issued.....	Expires.....
Original.....	Relicensing.....

1. Name of Applicant				
Entity Name in Full			Fed. Employer ID No.*	
Principal Business Address (Required)				
Street and Number (Required)			P.O. Box (if any)	
City, Town or Village	County	State	Zip Code	Telephone No.
Mailing Address (Required)(Indicate if Same as Business)				
Street and Number			P.O. Box (if any)	
City, Town or Village	County	State	Zip Code	

(If either address changes, this Department must be notified in writing immediately.)

2. Indicate if your entity is a \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership\* \_\_\_\_\_ Limited Liability Company  
\*If Partnership – at least 2 partners/members are required

3. List executive officer and ALL officers responsible for service contract business and provide information request below.

(A) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___
(B) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___
(C) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___
(D) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___
(E) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___

- Yes or No

Give full name and address of EACH officer and stockholder having beneficial ownership of 5% or more of any class of securities registered under the federal securities law and provide percentage of shares of stock owned by each.

(d) Name (Last, First, M.I.)	Percentage of Shares	Social Security No*	Date of Birth	Sex M__ F__
Residence: Number and Street (Required) P. O. Box (If any)	City	State	Zip Code	Title

- If **limited liability company** applicant – attach a copy of its Articles of Organization. Also attach a copy of the Department of State filing receipt, unless previously submitted.

- ☐ A. If applicant's principal business address is **not** in New York, serve applicant at the following **New York** address:

Name of Applicant		
Attention:		
Number and Street		
City	State	Zip Code

- ☐ B. Agent for service of process at the following **New York** address:

Name of Agent for Service of Process  
 Attention:

Number and Street

City State Zip Code

- Yes or No

List the names of the administrators designated and attach the completed acknowledgment forms.

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9. Are any of the individuals named in 3 or 5 under obligation to pay child support? .....  
 If "Yes," attach signed child support obligation form for each individual under such obligation. Yes or No

10. If any of the following questions are answered "YES," an explanation must be attached.

Other than traffic violations:

(a) Has the business entity or any officer/owner named in 3 or 5 ever been convicted of a crime, had a judgment withheld or deferred, or is the business entity or any officer/owner named in 3 or 5 currently charged with committing a crime?.....  
Yes or No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

(b) Has the business entity or any officer/owner named in 3 or 5 ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?.....  
Yes or No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license or registration. "Involved" also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

(c) Has any demand been made or judgment rendered against the business entity or any officer/owner named in 3 or 5 for overdue monies by an insurer, insured or producer, or ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others.....  
Yes or No

(d) Has the business entity or any officer/owner named in 3 or 5 ever been notified by any jurisdiction to which the business entity is applying of any delinquent tax obligation that is not the subject of a repayment agreement?.....  
Yes or No

If you answer yes, identify the jurisdiction(s): .....

(e) Is the business entity or any officer/owner named in 3 or 5 a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?.....  
Yes or No

(f) Has the business entity or any officer/owner named in 3 or 5 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?.....  
Yes or No

11. Section 7903 and Part 390.8 of Regulation 155 state that service contract providers must provide proof of financial responsibility in order to do business in New York State.

(a) How many different service contract programs are being offered?  
 .....

(b) Will a service contract reimbursement insurance policy(ies) be issued by an insurer authorized to write such insurance in this State to insure the obligations as stated in the service contract?.....  
Yes or No

If "Yes," provide a copy of the Declaration page(s) or certificate(s) of insurance issued by the carrier as required by Section 390.8 of Regulation 155, (a copy of which is enclosed).

Will the subject service contract reimbursement policy(ies) be insuring the obligations of ALL service contracts sold in New York State?.....  
Yes or No

11 (Contd.)

If 11(b) is "No," which ONE of the two remaining proofs of financial responsibility will the applicant be using? **\*\*NOTE\*\* - Compliance with Regulation 155 (Part 390.12) regarding DEFAULT CONTINGENCY PLAN AGREEMENTS – is required.** Please refer to the attachment of said Part for compliance requirements.

- ☐ (c) Funded Reserve Account containing reserves of not less than 40% of the gross consideration received upon the sale of, less claims paid under, all its service contracts then in force, but not less than zero. (Provide the name of the Bank, the address of the Bank branch in which the account is located, the name and number of the account and, if held in trust or in a custodial account, the name and Address of the trustee custodian.)  
AND  
Financial Security Deposit with the Superintendent having a value of not less than 5% of the gross consideration received upon the sale of, less claims paid under, all service contracts issued and then in force, but not less than fifty thousand dollars, consisting of one or more of the following:  
1. Surety bond issued by an authorized surety  
2. Securities of the type eligible for deposit by authorized insurers in this state.  
3. Cash  
4. Letter of Credit issued by a qualified United States financial institution.
- ☐ (d) Maintain a net worth or stockholders' equity of at least one hundred million dollars  
AND  
Provide the Superintendent a copy of financial statements of the provider to document that this requirement is being met as specified in Section 7903(c)(3).

12. **RELICENSING APPLICANTS MUST ANSWER THIS QUESTION.**

Since expiration of its last authority, has this entity transacted business in New York State for the license being applied for in this application?.....

Yes or No

**Applicant Certification and Attestation**

**The undersigned Officer(s)/Director(s)/Partner(s)/Member(s)/Manager(s) hereby certifies, under penalty of perjury that:**

- ◆ All of the information submitted in this application and attachments is true and complete and (I am) or (We are) aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me/us and the business entity to civil or criminal penalties.
- ◆ Where required by law, the business entity hereby designates the Commissioner, Director, or Superintendent of Financial Services, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director, or Superintendent of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- ◆ The business entity grants permission to the Commissioner, Director, or Superintendent of Financial Services in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- ◆ The jurisdictions are hereby authorized to give any information they may have concerning (me) or (us) to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and the jurisdictions and any person acting on their behalf are hereby released from any and all liability of whatever nature by reason of furnishing such information.
- ◆ It is acknowledged that (I) or (We) understand and comply with the insurance laws and regulations of the jurisdictions to which is being applied for licensure/registration.

**THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL INDIVIDUALS NAMED IN QUESTION 3**

Date: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

URL WebSite: \_\_\_\_\_

\_\_\_\_\_  
**Name of Entity**

\_\_\_\_\_  
**Signature of officers/directors/partners/members/managers**

\_\_\_\_\_  
**Signature of officers/directors/partners/members/managers**

\_\_\_\_\_  
**Signature of officers/directors/partners/members/managers**

\_\_\_\_\_  
**Signature of officers/directors/partners/members/managers**

\_\_\_\_\_  
**Signature of officers/directors/partners/members/managers**

**\* CHILD SUPPORT NOTIFICATION \***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to §11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

**\* PRIVACY NOTIFICATION \***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.