

THE STATE



OF WYOMING

Insurance Department

106 East 6th Avenue • Cheyenne, Wyoming 82002

Administration (307) 777-7401 • Facsimile (307) 777-2446 • Agent Licensing (307) 777-7319 • <http://insurance.state.wy.us>

SERVICE CONTRACT PROVIDER REGISTRATION FORM

Unless exempt, a Provider of a service contract in Wyoming is required to register with the Wyoming Insurance Department. Should any questions arise during the completion of this registration form, please contact the Wyoming Insurance Department at the number and address shown. For information on service contracts, visit the Wyoming Legislature's web site at <http://legisweb.state.wy.us/titles/statutes.htm>. Click on Wyoming Statutes, Title 26 and then Chapter 49.

A. Provider Identification Information:

1. Legal Name of Provider: (Must be exact name used on service contract forms) _____

2. Mailing address: _____

3. Statutory home address: _____

4. Location of provider's books and records: _____

5. Type of organization: (Sole Proprietor, Partnership, Corporation, LLC, etc.) _____

6. Date organization formed: _____
7. Employer Identification Number: _____
8. Name and Title of contact person: _____
9. Phone Number: _____ Fax Number: _____
10. E-mail address: _____
11. List of the provider's officers and current city and state of residence: _____

12. Administrator Information:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail address: _____

Contact Person: _____

B. Assurance of Faithful Performance:

Give details of how Provider will comply with options outlined in Wyo. Stat. 26-49-103 (d), and attach documentation of option selected. Note - if surety bond is to be used, attached bond form must be completed by surety.

C. Filing Instructions:

For registration of a service contract Provider the following material must be submitted to the Wyoming Insurance Department.

1. Completed service contract Provider registration form.
2. Registration Fee of \$200.00. Please note in your records that the registration fee is an annual fee which will be due on March 1st of each year following the initial registration.
3. Copies of all service contracts to be marketed in Wyoming. Please note statutorily required service contract language in Chapter 49.
4. An outline of proposed marketing methods, and an explanation of how the Provider Fee will be calculated.
5. A copy of the provider's most recent financial statements (balance sheet and income statement) certified by an officer of the company.
6. A list of the other states where the provider is currently doing business.
7. All service contract providers are required to register with the Wyoming Secretary of State's Office prior to becoming registered as a service contract provider in Wyoming. Please contact the Secretary of State's Office for their forms and requirements at (307) 777-7311.

NOTICE

Any Provider doing business in Wyoming prior to January 1, 2000, or commencing business after this date, will need to have the registration completed and approved by the Wyoming Insurance Department prior to conducting business.

D. Certification

The undersigned deposes and says that he/she has duly executed this registration dated _____, for and on behalf of _____ (Provider Name), and that he/she holds the executive position of _____ (Title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that _____ (Provider Name) is in compliance with all requirements found in Chapter 49 of the Wyoming Insurance Code.

Signature _____

Print Name _____

Notary Information

State of _____

County of _____

On this ____ day of _____ in the year _____, before me, personally appeared _____

_____ To me known, who being duly sworn according to law, did depose and say the he/she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, and represents that the statements contained in this registration and certification are true and complete.

(Notary Public)

My Commission Expires _____

Once it has been determined that all necessary information has been received, a letter will be sent to you advising that your registration is ready to be scheduled for a detailed review by this department. You will be formally notified by this department when your registration has been approved.

Return Completed Form, With Attachments To:

Wyoming Insurance Department
Attn: Ms. Mavis Earnshaw
106 East 6th Avenue
Cheyenne, WY 82002