



Department of Insurance
State of Arizona
Property and Casualty Division
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JANICE K. BREWER
 Governor

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CHRISTINA URIAS
 Director of Insurance

SERVICE COMPANY PERMIT RENEWAL

APPLICATION, AFFIDAVIT AND CERTIFICATION

This application affidavit must be executed by the owner, general partner, chief executive officer or chief operating officer having full authority to execute this affidavit on the Service Company's behalf.

Service Company's complete legal name: _____

_____. State of domicile: _____.

"DBA", or "other name" to be used in this State as approved by the Arizona Secretary of State (if any):

_____.

I, _____, (insert name and title of affiant - see above) being first duly sworn, do hereby certify the following:

1. The most recent financial statement (balance sheet & income statement) attached and made part hereof, is a true and correct statement of the financial condition and affairs of the Service Company named above as of the date stated in the statement. (see Arizona Administrative Code R20-6-407.C.2.a).
2. The Service Company has not failed to pay within sixty (60) days any judgement in favor or a service contract holder or his heir or assignee (attach a complete description of any exceptions).
3. The Service Company, its agents, officials and representatives have not violated any provisions of Arizona Revised Statutes, §§ 20-1095 through 20-1095.10 (attach a complete description of any exceptions).
4. No changes have been made in:
 - a. The information provided in the original permit application;
 - b. The filed "Service Company Permit" bond or alternatives to cash provided pursuant to A.R.S §20-1095.04, and;
 - c. The service contract program(s) offered, except as fully described by attachment hereto (complete the attached List of Forms Exhibit).
5. The alternative to cash filed with the Director has a current market value of at least \$100,000 (see A.R.S. § 20-1095.04).
6. All Service Contract(s), sold by the company in this State, **are in compliance with Arizona Administrative Code R20-6-407(E)** and have been **approved** by this Department.

7. **The following is current information concerning the applicant:**

a) Name and title of applicant's designated contact person:

_____.

b) Applicant's current telephone number: _____.

c) Applicant's current FAX number: _____.

d) Contact person's e-mail address: _____.

e) Applicant's current toll free phone number: _____.

f) Applicant's current street address:

_____, (city, state & Zip Code)

_____.

g) Applicants current mailing address, if different from "f" above:

_____.

h) Applicant's Federal Tax Identification number: _____.

i) A complete listing (separate attachment) of all directors, officers, managers and any other person owning, directly or indirectly, twenty five percent (25%) or more of the corporate applicant. If applicant is other than a corporation, i.e. sole proprietorship, partnership, limited liability company, please provide a current listing of all responsible principals and their titles within the applicant organization. For any such individual(s) who has not previously done so, we are enclosing a "ARIZONA BIOGRAPHICAL AFFIDAVIT", which is to be completed in its entirety by each affiant and returned as a part of this renewal application.

j) Enclose a check made payable to the Arizona Department of Insurance for the **renewal application fee of \$300.00**.

8. The applicant Service Company is Solvent.

9. The date of the end of the applicant's fiscal year (accounting period): _____.
(see Arizona Administrative Code R20-6-407.G.1)

10. Has the applicant had any license suspensions, revocations or other disciplinary or rehabilitative actions in this or any other jurisdiction since the applicant's last renewal or that have not previously been disclosed to this agency? ___ Yes ___ No. If yes, please provide certified copies of any applicable orders or judgments including the date of the order or judgment, the case number or docket number and name of the jurisdiction.

11. Are there currently any suspension, revocation, or other disciplinary or rehabilitative actions in this or any other jurisdiction pending against the applicant? ___ Yes ___ No. If yes, please provide certified copies of any and all complaints, notices of hearing or other similar documents related to the pending action.

The information provided in this application is true and correct to the best of my knowledge.

Signature of Authorized Officer of Applicant _____

Subscribed, sworn to and signed before me, the undersigned notary public
this _____ day of _____, _____ at (City) _____
(County) _____ (State) _____ by the undersigned,
known to me to be (Print Name) _____ (Print Title) _____
(Applicant) _____ Notary Public _____
By _____ My commission expires _____
(Signature)