



Application for Registration as a Home Heating Fuel Service Contract Provider

To be legally registered as a Home Heating Fuel Service Contract Provider in Washington State, please provide the following information. Your application will be reviewed promptly against Washington requirements.*

* As defined, a "Home Heating Fuel Service Contract" means a contract or agreement to perform the repair, replacement or maintenance of a customer-owned home heating fuel supply system.

Please note the following:

- *For a copy of Chapter 48.111 RCW you may access our website at www.insurance.wa.gov.*
- RCW 48.111.020(1) precludes any operation or activity as a home heating fuel service contract provider **until it is registered**. *Do not issue any service contracts, solicit, or accept any applications until you receive a Registration.*
- Application review and processing time is dependent upon the completeness of the application and the absence of irregularities. Applications are processed on a "first in, first out" basis.
- The non-refundable application fee is \$100, payable to "The Office of the Insurance Commissioner"
- All information contained within your submission is considered a matter of public record. Marking any material as "Private" or "Confidential" does not preclude its availability or its status as a public document.
- **All material changes to the information contained in this application shall be disclosed to this Office within 30 days after the end of the month in which the change occurred – RCW 48.111.020(5).**

Questions?

For all questions or requests for additional information, please contact a [Company Licensing Specialist](#) (choose the "Company applications" category), or phone: 360-725-7219.

Application is hereby made for issuance of a Registration as a Home Heating Fuel Service Contract Provider in the State of Washington.

I. Service Contract Provider Basic Information	
1. List the exact legal name of the Service Contract Provider.	
2. List any other names under which the Service Contract Provider is or may be doing business in this State or any other State if different than above.	
3. Give the Federal Tax Identification Number (FEIN) for the applicant	00-0000000
4. Give the complete registered address and phone number of the applicant.	
5. Give the complete mailing address of the applicant, if different. If same as in #4, respond "same."	
6. Give the complete address and phone number for the actual operations and records of the applicant. If same as in #4, respond "same."	
7. Provide the toll-free telephone number or the applicant, if any	(000) 000-0000
8. Provide the website address for the applicant, if any	
9. Give the name of the contact person for the Applicant, along with the direct telephone number (with extension), fax number, and email address for this person.	

II. Service Contract Provider Organizational Information

10. Indicate the form of organization.

<choose 1 of the following>

11a. **Attach:**

- i) *A copy of the Certificate of Good Standing from the WA Secretary of State's Office.*
- ii) *A copy of your company's formation documents (such as Articles of Incorporation or Association, Bylaws, LLC Partnership Agreement, etc.) Be certain to include all amendments.*
- iii) *A copy of any trade name registration*
- iv) *Either a statement clarifying that only the applicant and its employees will be issuing heating fuel service contracts, OR a listing of entities acting as heating fuel service contract sellers under the registration.*
- v) *Information regarding the number of in-force service contracts sold to Washington residents, including the gross consideration received and paid claims on those contracts.*

11b. Identify the executive officer or officers directly responsible for the applicant's service contract business.

12. List all of the parent and affiliate entities of the applicant.

Attach an Organizational Chart showing the relationship of the applicant to any parent and all affiliated or subsidiary entities.

13. *Attach a listing showing all licenses held or applied for by the applicant from any governmental agency.*

14. Identify the method by which the applicant intends to assure the faithful performance of its obligations under its service contracts.

A reimbursement insurance policy issued by an insurance company holding a certificate of authority from the Insurance Commissioner of the State of Washington. *Attach a certified copy of the policy.*

Maintain a funded reserve account and place a deposit with the Commissioner. *Contact our Office regarding the proper forms to be used.*

III. Service Contract Provider General Interrogatories

Answer "yes" or "no" to each of the following items.

If the answer is yes to any item, attach information and documentation.

15. Are there any formal or informal regulatory actions, pending or which have been taken, against the applicant by any governmental agency in relation to home heating fuel contracts?	
16. Are there any formal or informal regulatory actions, pending or which have been taken, against any officers, directors, trustees, partners, or members of the applicant by any governmental agency in relation to home heating fuel contracts?	
17. Has the applicant or any of its officers, directors, trustees, partners or members been convicted of any criminal or civil offenses (other than minor traffic violations)?	
18. Are there any pending criminal or civil actions (other than minor traffic violations) against the applicant or any of its officers, directors, trustees, partners or members?	
19. Are copies of the applicant's financial and operating reports, audited or unaudited for the two most recent years, included within this submission?	
<Without financial data, you cannot be registered.>	
20. Is the application fee of \$100 included within this submission?	
<We cannot begin review until the fee is received>	

The undersigned hereby swears and affirms that the foregoing statements and information regarding the applicant and the contents of all the attachments hereto, and the contents thereof, are true to the best of his/her knowledge, information, and belief.

Signature

<Name of party affirming>

<Relationship to applicant>

State of _____)

)ss:

County of _____)

Sworn before me this _____ day of _____, 19____.

Notary Public. My Commission Expires: _____