
Vehicle Protection Product Warrantor Registration | Registration Fee = \$250

1. Name of warrantor: _____

Principal business street address:

City _____ State: _____ Zip: _____

Contact _____ Email Address _____

Telephone Number: (____) _____ Fax: (____) _____

2. Domicile and date of incorporation of warrantor _____

3. Name and contact information for warrantor's representative that will be handling Inquiries in vehicle protection product warranty sold in Minnesota (if different than contact person in item one):

Name: _____ Email Address _____

Principal business street address:

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax: (____) _____

4. Name and Contact Information of Administrator(s) of vehicle protection products (if any are appointed):

5. List the parent company and any affiliate entities of warrantor engaged in the service contract business (Attach additional sheets if necessary):

6. List the states in which warrantor is, or at any time was engaged in this type of business:

7. Are there any formal or informal regulatory actions by any governmental agency that are pending or that have been taken against the warrantor within the last ten years?

YES NO

If yes, attach a detailed explanation of the action.

Financial Requirements

8. Identify the Method by which the Provider Intends to Ensure the Faithful Performance of its Obligations under its Service Contracts:
- a. The warrantor will purchase a warranty reimbursement insurance policy that complies with Minn. Stat. §59C.06. Please attach a copy of the policy and a statement signed by the authorized representative of the insurance company issuing the attached policy that it does comply with the requirements of Minn. Stat. §59C.06; OR
- b. The warrantor or its parent company has net worth of \$50,000,000 or more. Submit the most recent Form 10-K or Form 20-F or most recent audited financial statement of the warrantor or the warrantor's parent company as required under Minn. Stat. §59C.05 subd. 3. Sign and submit the parental guarantee if applicable.
9. Attach a check for \$250 payable to the Minnesota Department of Commerce.

Certification

With knowledge of the penalties for false statements, I 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.**
- **Applicant will comply with the Minnesota Vehicle Protection Act (Minn. Stat Chapter 59C) and any non-motor vehicle service contracts sold in Minnesota will meet all requirements set forth in the law.**
- **Applicant agrees to make available all records required to be maintained under the act.**
- **Applicant has and will maintain the financial requirements pursuant to Minn. Stat §59C, SUBD. 3.**

Name of Company/Applicant

Date: _____

By: _____
(Name of Officer)

Title: _____

(Signature of Officer)

Revised 8/2017