



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

1000 Washington St, Suite 810 • Boston, MA 02118-6200  
(617) 521-7794  
<http://www.mass.gov/doi>

**Application for Registration as a Home Service Contract Provider**  
**In the Commonwealth of Massachusetts**  
**As Required By M.G.L. c. 175, § 149N**

To: The Office of the Commissioner of Insurance

Application is hereby made for a Certificate of Registration pursuant to M.G.L. Chapter 175 Section 149N, and in support thereof, the following information and documentary evidence is submitted for review:

[1] Name of Service Contract Provider: \_\_\_\_\_

FEIN: \_\_\_\_\_

Street Address of Provider: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Toll Free Number: \_\_\_\_\_

[2] Provider Contact Person: \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

Contact Person Telephone Number: \_\_\_\_\_

Contact Person FAX Number: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_

[3] Name of Person Designated for Service of Process in the Commonwealth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Massachusetts Division of Insurance  
March 27, 2014

[4] Name of Insurer Issuing reimbursement Insurance Policy: \_\_\_\_\_

Address of Insurer: \_\_\_\_\_

Insurer's NAIC Number: \_\_\_\_\_

***Service Contract Providers who do not insure all service contracts under a reimbursement insurance policy in conformance with Chapter 175, Section 149N(d)(1) must comply with the requirements of Sections 5 AND 6 below, OR Section 7.***

- [5] Please provide proof that the Home Service Contract Provider maintains a funded reserve account for its obligations under its contracts issued and outstanding in Massachusetts that is not less than 40 percent of its gross consideration received, less claims paid, on the sale of the service contract for all in-force service contracts. Such accounts are subject to review by the Commissioner.
- [6] Please attach a security deposit to be held in trust with the Commissioner of not less than 5 percent of the gross consideration received, less claims paid, on the sale of the service contract for all in-force service contracts, but not less than \$25,000, consisting of one of the following:
- a) surety bond issued by an authorized surety;
  - b) securities of the type eligible for deposit by Massachusetts carriers;
  - c) cash;
  - d) a letter of credit issued by a qualified financial institution;
  - e) another form of security authorized by the Commissioner.
- [7] In lieu of the requirements in sections five and six, the Home Service Contract Provider, or together with its parent company, must prove that it maintains a net worth or stockholders' equity of \$25,000,000 and must on request provide the Commissioner with copies of the Provider's most recent Form 10-K or Form 20-F within the last calendar year, or if the company does not file with the United States Securities and Exchange Commission, a copy of the financial statements showing a net worth of at least \$25,000,000.

This application must be accompanied by a **non-refundable fee in the amount of \$600 for initial registration** and renewal.

Any questions on this application should be directed to [companies.mailbox@state.ma.us](mailto:companies.mailbox@state.ma.us) .