



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section

124 Halsey Street, 7th Floor, P.O. Box 45028, Newark, NJ 07101
(973) 504-6370



Instructions for Renewal of Registration as a Service Contract Provider or Administrator *(Please Read These Instructions Carefully)*

Provider:

Provider means a person who is contractually obligated to the service contract holder under the terms of the service contract.

Administrator:

Administrator means a person who performs the third-party administration of a service contract on behalf of a provider.

Bond:

A surety bond is required for a Service Contract Provider that is not otherwise exempt by statute. It must have a value of not less than five percent of the gross consideration received per annum, less claims paid, on the sale of the service contract for all service contracts issued and in force, but not less than \$25,000.00. The bond is made payable to the State of New Jersey and must be notarized and signed by the owner.

Renewal Process:

The renewal process can take 30 to 60 days. Incomplete renewal application(s) and/or missing documents will further delay this process.

- Complete this renewal application electronically by filling in this PDF on a computer. Once complete, please submit the application and requested documentation via email to scregistration@dca.njoag.gov. **Do not mail your application.**
- Separately MAIL a certified check or money order made payable to “New Jersey Division of Consumer Affairs” in the amount of \$300.00 (non-refundable) to: Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, 124 Halsey Street, 7th Floor, P.O. Box 45028, Newark, NJ 07101. When mailing payment, please include a note in the envelope indicating the name of the business and registration number for which the fee is being submitted. Please only send payment by mail; **do not mail in your application.**
- If your renewal fee is not received by June 30, 2024, you must pay a late fee of \$50.00 for each 30-day period or portion thereof that the renewal filing fee is late.
- You may also drop off a completed renewal application and/or payment in-person at the Division of Consumer Affairs, 124 Halsey St., 7th Floor, Newark, NJ 07101, M-F 10 a.m. - 2 p.m.

Copies of your surety bond and assurance of faithful performance must be submitted with this renewal application. If a provider is claiming an exemption from the bond you must submit documentation of the exemption.



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124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101



Renewal Application for Registration as a

Service Contract Provider Service Contractor Administrator

Service Contract Provider/Administrator

Renewal Period July 1, 2024 to June 30, 2025

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Instructions: Please print clearly. Answer all of the questions. Your application will not be processed until all of the questions have been answered and all of the required documents, and the renewal fee, have been received by this Division. If a question does not apply to your business, write "N/A."

1. Business Name

The name must match the name listed on the corporate, alternate name, and trade name documents, the insurance certificate and the original bond.

2. Registration Number:

For questions 3 through 6 complete only if information has changed since last filing.

3. Business Address (Must be a street address.)		E-mail Address	
City	State	ZIP Code	

Telephone No. (include area code)	Fax No. (include area code)
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4. Mailing Address If the address is the same as in question #4, write "N/A."

4(a). Please provide the name of a contact person such as the administrative manager/supervisor, should the need arise for the Division to contact your business.

Direct Telephone No. and Extension (include area code)	E-mail Address
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5. Agent – If the business is a corporation, L.L.C., or L.L.P., you must provide the name and address of an agent in New Jersey who is authorized to accept documents on its behalf for the service of process.

Registered Agent's Name

Street Address

City	State: New Jersey	ZIP Code
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Telephone No. (include area code)	Fax No. (include area code)
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6(a). Parent Company - Name		
6(b). Parent Company - Business Address (Must be a street address.)		E-mail Address
City	State	ZIP Code
Telephone No. (include area code)		Fax No. (include area code)
6(c). Parent Company - Mailing Address If the address is the same as in question #6(b), write "N/A."		
<p>7. Pursuant to <u>N.J.S.A. 56:12-90</u>, service contract providers and administrators must maintain means of assuring faithful performance ("AFP") to contract holders. Indicate which AFP is applicable to your business, and submit current supporting documentation along with this renewal application:</p> <p><input type="checkbox"/> Reimbursement insurance policy that complies with the requirements of <u>N.J.S.A. 56:12-92</u>;</p> <p><input type="checkbox"/> Funded reserve account that complies with the requirements of <u>N.J.S.A. 56:12-90(a)(2)</u>;</p> <p><input type="checkbox"/> Net worth or stockholders' equity of at least \$100,000,000.00, demonstrated by a copy of your, or your parent company's or affiliated corporation's most recent Form 10-K or Form 20-F filed with the Securities and Exchange Commission within the past 12 months, or a copy of your, or your parent company's or affiliated corporation's audited financial statements, showing a net worth of \$100,000,000.00 or greater;</p> <p><input type="checkbox"/> For Administrators only - proof of indemnification pursuant to a Provider's AFP.</p>		

Complete questions 8(a) and 8(b), ONLY if the business is a Provider.

8(a). Does your business maintain a surety bond pursuant to <u>N.J.S.A. 56:12-90(b)</u> ? If "Yes," submit the original surety bond with this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8(b). Are you claiming an exemption from the surety bond requirement? If "Yes," submit one of the following: <input type="checkbox"/> Reimbursement insurance policy, as described in question 7; <input type="checkbox"/> Proof of net worth or stockholders' equity of at least \$100,000,000.00, as described in question 7; or <input type="checkbox"/> Proof that the Department of Banking and Insurance has determined that your business meets the financial solvency standards established under Title 17 of the New Jersey Statutes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. **Complete question 9, ONLY if there have been any changes since your last application submission.**

List the full name, business street address and business telephone number of each owner, officer, director, and principal of the business and, if applicable, all principals of any parent company and/or other affiliated entity that provides or administers service contracts in the United States. If the applicant is a partnership, each member of the partnership must be listed. (Use additional sheets of paper if necessary.)

Please print clearly.

Name and title

Business street address

City

State

ZIP code

Business telephone number (include area code)

Name and title

Business street address

City

State

ZIP code

Business telephone number (include area code)

Name and title

Business street address

City

State

ZIP code

Business telephone number (include area code)

(Note: You may photocopy this page and attach additional pages to this application if there are more than three (3) owners, officers, directors, or principals)

<p>10. Pursuant to <u>N.J.S.A. 56:12-95.1(b)</u>, has any officer, director, partner, or principal identified in question 9 been named or involved in any litigation or enforcement matters concerning service contracts filed or prosecuted in the past five (5) years?</p> <p>If “Yes,” please provide the following:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of person against whom action was taken	Date of action	Nature of the allegation or litigation	Name and address of the government agency or entity that took action	Action taken

11. Provide the following information regarding your business operations for the past year:

Total amount collected in provider’s fees	
Total amount paid out in claims or charges for services under the contracts issued	

Payment of the Registration Fee:

The nonrefundable fee to renew is \$300.00. The certified check or money order should be made payable to “New Jersey Division of Consumer Affairs.” Please see the cover page of this application for instructions on how to submit your completed application and payment. If your renewal fee is not received by June 30, 2024, you must pay a late fee of \$50.00 for each 30-day period or portion thereof that the renewal filing fee is late.

NOTE: Please be advised that any application that is missing required information will be rejected. The entire application must be completed. All of the requested documentation must be submitted with the application.

CERTIFICATION

I, as a principal officer of the applicant, understand that this registration will be accepted only if the requirements of N.J.S.A. 56:12-87 et seq., and the regulations promulgated thereunder, have been met.

I certify that I have reviewed all of the information provided in connection with the application and it is true and accurate to the best of my information, knowledge, and belief. I understand that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Division of Consumer Affairs (“the Division”).

I agree to cooperate fully with any request by the Attorney General or the Division to provide any assistance or information and to produce any records requested by the Division, and to cooperate in any inquiry, investigation, or hearing conducted by the Division.

Name of applicant

Your name (please print)

Your signature

Your title

Date