State of Hawaii – Insurance Divison
Department of Commerce and Consumer Affairs
335 Merchant Street – Room 213
Honolulu, Hawaii 96813

SERVICE CONTRACT PROVIDER REGISTRATION FORM

1. Full and Exact Name of Provider		2. FEIN
3. Trade Name (if applicable)		
4. Business Address (P. O. Box is not an acceptable Business Address):		
a) Street		b) Suite
c) City	d) State	e) Zip Code or Country
5. Phone Number ( ) Ext.	6. Fax Number ( )	
7. Business E-mail Address	8. Business Web Site Address	
9. Mailing Address:		
a) Street or P. O. Box		b) Suite
c) City	d) State	e) Zip Code or Country
10. Hawaii Agent for Service of Process (if other than provider)		
11. Business Address for Hawaii Agent for Service of Process (if other than provider) (P. O. Box is not an acceptable Business Address):		
a) Street		b) Suite
c) City	d) State	e) Zip Code
12. Phone Number ( ) Ext.	13. Fax Number ( )	
14. FINANCIAL RESPONSIBILITIES "The performance of each contract will be assured in compliance with the financial security requirements of the Hawaii Revised Statutes §481-X:4. I understand that failure by the provider to comply with the law will subject the provider to substantial fines and/or revocation or suspension of provider's authority to do business in the State of Hawaii."		
15. Signature of Officer of Corporation	16. Date Signed	
17. Print Name of Signer	18. Title/Position of Signer	

Submit the following with your completed registration form:

1. On a separate sheet, provide the identities of the provider's executive officer or officers directly responsible for the provider's service contract business.
2. On a separate sheet provide the name, address, and telephone number of any administrators designated by the provider to be responsible for the administration of service contracts in Hawaii.
3. A copy of each service contract the provider proposes to use in Hawaii.
4. Applicable fees. Make check payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.