



Attn: Service Company Permit Team
Arizona Department of Insurance
 100 North 15th Avenue, Suite 261
 Phoenix, Arizona 85007-2630

Phone: (602) 364-3450
 Email: ebowsher@azinsurance.gov

Form E-800: Application for Service Company Permit

SECTION A: Applicant Identity			Department of Insurance Use:	
<div style="display: flex; align-items: flex-start;"> <div style="background-color: red; color: yellow; padding: 5px; font-weight: bold; font-size: 1.2em; margin-right: 10px;">IMPORTANT!</div> <div> <p>1 Before applying, verify that you need a Service Company Permit for the business you want to conduct in Arizona. See Arizona Revised Statutes ("ARS") § 20-1095.02. 2 Applicant must be registered in good standing with the Arizona Corporation Commission ("ACC"). 3 Information on the ACC web site (http://ecorp.azcc.gov/Search) must be up to date and consistent with information reported on this application. 4 You must update any outdated information with the ACC before submitting this application to the Department of Insurance. ARS § 20-1095.03(A), AAC R20-6-407(C).</p> </div> </div>				
Applicant Name:			FEIN #:	
DBA Name (if applicable):			State Incorporated/Organized:	
Type of Entity: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____				
Type of Service Contract(s): <input type="checkbox"/> Home Systems (HVAC, Home Appliances, Pool Pumps, Water Heater) <input type="checkbox"/> Consumer Products (Individual Products) <input type="checkbox"/> Motor Vehicles (Autos, Boats, RVs, ATVs, etc.) <input type="checkbox"/> Utility Line (Water, Sewer, Gas, Electric, Cable) <input type="checkbox"/> Ancillary Vehicle Services (Paintless Dent Removal, Windshield Repair, Tire and Wheel Repair)				
SECTION B: Contact Information				
Arizona Address:		City:	State:	ZIP Code:
			AZ	
Home Office Address (cannot be P.O. Box or PMB):		City:	State:	ZIP Code:
Mailing Address:		City:	State:	ZIP Code:
Main Administrative Office Address:		City:	State:	ZIP Code:
Area Code and Phone Number:	Toll Free Phone Number:	Fax Number:		
Consumer Contact Person – Name:		E-mail Address:		
Title:			Phone Number:	
SECTION C: Summary of Financial Position. Provide the following information from the most recent financial statements included with this application (see Section E, Item 3):				
1. (INCOME STATEMENT) Net Income		2. (BALANCE SHEET) Current Assets		3. (BALANCE SHEET) Current Liabilities
4. (BALANCE SHEET) Working Capital		5. (BALANCE SHEET) Owner's Equity		6. Fiscal Year End (i.e. 6/30 or 12/31)
7. Additional financial position requirements (if this space is not blank): A response to Section C, Item 1, 4 or 5 was negative. You must ENCLOSE a description of the applicant's plan to become financially solvent, such as capital infusion, parental guarantees, etc. For plans that involve a third party, ENCLOSE a letter from the third party that describes the investments or guarantees the third party is providing to the applicant, and ENCLOSE financial statements (balance sheet and income statement) of the third party.				

Applicant Name:	PAGE 2 of 3
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SECTION D: Applicant Declaration	YES (x)	NO (x)
1. The service company's service contract, application, claim forms, brochures, other advertising material, and other forms have been filed in SERFF. If NO , see AAC R20-6-407(E).		
2. The service company has had or has pending suspensions, revocations or other disciplinary or rehabilitative actions against it in this or any other jurisdiction? If YES , see Section E, Item 5.		

SECTION E: Required Enclosures

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| 1. ENCLOSE payment of the \$300 fee, made payable to Arizona Department of Insurance |
| 2. A deposit in favor of the State in the amount of \$100,000 to be filed with or for the benefit of the Director OR a mechanical reimbursement (contractual liability) insurance policy issued by an insurer authorized to do business in the State by ONE of the following methods: <ul style="list-style-type: none"> a. Surety bond: Must be issued by an insurer authorized in Arizona to offer surety bonds; may include individual bonds, schedule or blanket bonds. ENCLOSE Form E-857 and an Attorney-in-Fact. <li style="text-align: center;">OR b. Marketable security: ENCLOSE one Custody Agreement (Form E-003) and one Form E-125. <li style="text-align: center;">OR c. Mechanical reimbursement (contractual liability) insurance policy: ENCLOSE a copy of the policy. |
| 3. ENCLOSE copies of the most recent income statement and balance sheet as of the end of the service company's most recent fiscal year, sworn to and certified by the owner, duly elected officers, or a certified public accountant. AAC R20-6-407(C)(2) |

4. How many individuals are responsible for the service company's affairs?	▶	Count:
<p>Arizona law and rule (ARS § 20-1095.03(A)(2) and AAC R20-6-407(C)(2)(e)) define "individuals responsible for the service company's affairs" as including:</p> <ul style="list-style-type: none"> • All members of the board of directors/trustees, members of the executive committee or any other governing board of the committee; and, • If applicant is a <i>corporation</i>, all officers and all shareholders that directly or indirectly own 25% or more of the voting securities of the applicant if a corporation; and, • If applicant is a <i>partnership or association</i>, all partners. <p>As it relates to individuals responsible for the service company's affairs:</p> <p>a. ENCLOSE Form E-800-B listing the names and titles of each individual included in the count in this section (above) and</p>		

<p>b. ENCLOSE NAIC Biographical Affidavit Form 11 for each individual listed on Form E-800-B.</p>
<div style="display: flex; align-items: flex-start;"> <p>IMPORTANT! The Department will investigate information provided and may deny a permit if the applicant fails to provide complete and truthful information about itself and the individuals responsible for the service company's affairs.</p> </div>

<p>5. OTHER REQUIRED ENCLOSURES based on responses in other parts of this application form:</p> <p style="color: red;">You responded YES to Section D, Item 2. You must ENCLOSE a signed statement detailing all incidents including names of all parties involved, dates and locations, the names and localities of any courts and administrative agencies involved, the disposition of each matter, whether the conviction, plea or finding was for a felony or open-ended charge; AND, you must ENCLOSE copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information that relates to each matter. If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.</p>
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SECTION F: AFFIDAVIT of an officer of the applicant authorized by the applicant to verify the facts stated in the application. AAC R20-6-407(C)(1)(g)

I, _____ (name of affiant) being duly sworn, depose and say under oath that I am the (select only one)

- chief executive officer;
- chairman of the board of directors,
- other person having power of attorney (notarized power of attorney included)

of _____ (Applicant)

AND that all information provided in all sections of this application and in all enclosures herewith are true and correct to the best of my knowledge and belief,

AND that information contained in and with this application is consistent with information reflected in Arizona Corporation Commission records;

AND that I understand any misrepresentation or omission of a material fact in this application or the enclosures herewith is a ground for denial or revocation of the Permit;

AND that I am familiar with the insurance laws and regulations of the State of Arizona, including but not limited to Arizona Revised Statutes Title 20, Chapter 4, Article 11 (ARS § 20-1095 *et seq.*) and Arizona Administrative Code R20-6-407, and I shall comply with the laws and regulations of the State of Arizona.

Signature Date

SECTION G: APPLICATION CONTACT PERSON

Application Contact Person – Name:	E-mail Address:
Title:	Phone Number:

ARS § 41-1030(G) requires most Arizona government agencies to prominently print the provisions of ARS § 41-1030(B), (D), (E) and (F) on all license applications. The following is the language in ARS § 41-1030(B), (D), (E) and (F): **B.** An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. **D.** This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. **E.** A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency’s adopted personnel policy. **F.** This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.