

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526 • Richmond, VA 23218-0526
(804) 786-1343 • www.vdacs.virginia.gov • ocrregulatory@vdacs.virginia.gov

Revised 11/2020

REMITTANCE FORM
HOME SERVICE CONTRACT PROVIDERS

Annual Registration Fee	_____ \$300 _____	(920-02626)
Late Fees*	_____ _____	(920-02799)
Total Fees Submitted	_____ _____	
Check Number	_____ _____	

Make check payable to the Treasurer of Virginia
Mail to: VDACS, PO Box 526, Richmond VA 23218-0526

Company Name and Address:

Federal Employer Identification Number:

PLEASE NOTE: Registration forms that are not properly completed, signed and notarized, will be considered deficient and registration will be withheld until the filing is complete.

If you have any questions or need additional information, please contact us at ocrregulatory@vdacs.virginia.gov or at 804-786-1343.

LATE FILING FEES

***Late Fees: Initial registration** - Any obligor who fails to register prior to the sale of a home service contract shall pay a late fee of \$100 for each 30 day period, or portion thereof, that the registration is late.

***Late Fees: Renewal registration** – renewal registrations not postmarked before or on July 1st shall include a late annual registration fee in the amount of \$50 for each 30 day period, or portion thereof, that the annual renewal filing is late.

This office will strive to have your registration application and required documents reviewed within 30 days of the receipt of the registration submission. Before contacting us, please allow sufficient time for review and processing. During higher activity periods, processing time may be longer.

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE & REGULATORY PROGRAMS
HOME SERVICE CONTRACT PROVIDER REGISTRATION APPLICATION**

GENERAL INSTRUCTIONS

- A. Use this application to register as a Home Service Contract Provider.
- B. Complete this application in its entirety. If a response field or question is not applicable, please indicate "N/A".
- C. Please print legibly in ink or type all responses.
- D. If necessary, please attach relevant documents and/or explanation sheets. In doing so, please identify the corresponding question on each document/sheet.
- E. Ensure the application is dated and signed by an authorized individual of the applicant.
- F. Enclose a \$300 application fee payable to: **Treasurer of Virginia**.
- G. If applicable, any provider that fails to register prior to the sale of a home service contract shall pay a late filing fee of \$100 for each 30-day period, or portion thereof, that the registration is late.
- H. Complete **either** Section 6 **OR** Section 7 of the application. Applicant is not required to complete both sections.
- I. Mail completed registration form and all required documents/attachments to:

**Virginia Department of Agriculture and Consumer Services
PO Box 526
Richmond VA 23218-0526**

**SECTION 1
APPLICANT INFORMATION**

Full Corporate Name of Entity or Full Legal Name If Sole Proprietorship

Doing Business As in Virginia (if different than above)

Physical Street Address

City	State	Zip Code	Country
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Telephone Number, including area code	Fax Number, including area code
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Website Address

Mailing Street Address (if different from physical address)

City	State	Zip Code	Country
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**SECTION 2
PRIMARY CONTACT INFORMATION FOR ADMINISTRATION**

Primary Contact Person	Title
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Physical Street Address

City	State	Zip Code	Country
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Telephone Number, including area code	Email Address
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**SECTION 3
PRIMARY CONTACT INFORMATION FOR COMPLAINT RESOLUTION**

Primary Contact Person - Complaint Resolution		Title	
Physical Street Address			
City	State	Zip Code	Country
Telephone Number, including area code		Email Address	

**SECTION 4
FEDERAL & STATE REGISTRATION INFORMATION**

4-1. Business Type (check one)	Corporation Sole Proprietorship Other (please specify) _____	General Partnership Limited Partnership	Limited Liability Company Holding Company
4-2. Federal Employer Identification Number or Social Security Number (if a sole proprietorship):			
4-3. Is the applicant in 'good standing' with the state of its incorporation or organization? If <u>yes</u> , please attach a copy of the certificate of good standing. If <u>no</u> , please attach an explanation sheet detailing the reason.		Yes - attachment included No - explanation sheet included	
4-4. If the applicant is not incorporated or organized under Virginia law, is it registered with the Virginia State Corporation Commission indicating its qualification to do business in Virginia?		Yes No N/A	
4-5. If the applicant is not incorporated, organized or registered under Virginia law, please attach an explanation sheet identifying the law under which it is organized and stating whether it is qualified to do business in Virginia.		Explanation sheet included N/A	
4-6. Identify the applicant's registered agent in Virginia:			
Name of Registered Agent			
Mailing Street Address			
City	State	Zip Code	
Telephone Number, including area code		Fax Number, including area code	
4-7. Is the applicant in 'good standing' with the Virginia Department of Taxation with any and all tax obligations owed to Virginia?		Yes No - explanation sheet included	
4-8. Please provide all aliases/business names used by the applicant to conduct business, provide approximate time periods during which the aliases/business names were used by the applicant and if applicable, the state of incorporation.			
Name	Time Period (month, year)	State of Incorporation	
Name	Time Period (month, year)	State of Incorporation	
4-9. Please provide a list of the owners of the applicant		Attachment included	
4-10 Please provide a statement describing the nature of the applicant's business.		Attachment included	

**SECTION 5
FINANCIAL INFORMATION**

<p>5-1. Attach a copy of the applicant's audited financial statement. Please note, audited financials are required, and only audited financial statements will be accepted, pursuant to the requirements of the VHSCA.</p>	<p align="center">Attachment included</p>
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**SECTION 6
BOND, LETTER OF CREDIT & FUNDED RESERVE INFORMATION**

Complete this section if the applicant is providing information on its bond or letter of credit and its funded reserve.
Completion of section 6 is not required if applicant completes section 7

<p>6-1. Is the applicant's bond with a corporate surety from a company authorized to transact business in the Commonwealth; or a letter of credit from a bank insured by the Federal Deposit Insurance Corporation (FDIC)?</p>	<p align="center">Yes No</p>										
<p>6-2. What is the total dollar amount of all unexpired home service contracts?</p>	<p align="center">\$ _____</p>										
<p>6-3. Is the total amount of unexpired home service contracts consistent with the amount of the bond or letter of credit required in the chart below?</p> <table border="0" data-bbox="224 877 906 1083"> <thead> <tr> <th align="center">Total Amount of Unexpired Home Service Contracts</th> <th align="center">Required Amount of Bond or Letter of Credit</th> </tr> </thead> <tbody> <tr> <td align="center">\$50,000 or less</td> <td align="center">\$10,000</td> </tr> <tr> <td align="center">\$50,001 to 300,000</td> <td align="center">\$40,000</td> </tr> <tr> <td align="center">\$300,001 to \$750,000</td> <td align="center">\$65,000</td> </tr> <tr> <td align="center">\$750,001 or more</td> <td align="center">\$90,000</td> </tr> </tbody> </table>	Total Amount of Unexpired Home Service Contracts	Required Amount of Bond or Letter of Credit	\$50,000 or less	\$10,000	\$50,001 to 300,000	\$40,000	\$300,001 to \$750,000	\$65,000	\$750,001 or more	\$90,000	<p align="center">Yes No</p>
Total Amount of Unexpired Home Service Contracts	Required Amount of Bond or Letter of Credit										
\$50,000 or less	\$10,000										
\$50,001 to 300,000	\$40,000										
\$300,001 to \$750,000	\$65,000										
\$750,001 or more	\$90,000										
<p>6-4. Is the ORIGINAL, signed bond or letter of credit attached to the application and in favor of the Commonwealth of Virginia?</p>	<p align="center">Yes - attachment included No</p>										
<p>6-5. Does the applicant maintain a funded reserve account for its obligations under its home service contracts issued and outstanding in Virginia?</p>	<p align="center">Yes No</p>										
<p>6-6. Is the funded reserve, as maintained by the applicant, not less than 40% of the gross consideration received, less claims paid, on the sale of the home service contract for all in-force home service contracts sold in Virginia?</p>	<p align="center">Yes No</p>										

**SECTION 7
CONTRACTUAL LIABILITY INSURANCE POLICY (CLIP) INFORMATION**

Complete this section if the applicant is providing information on its contractual liability insurance policy.
Completion of section 7 is not required if applicant completes section 6

<p>7-1. Is the CLIP issued by an insurer authorized to transact business in Virginia?</p>	<p align="center">Yes No</p>
<p>7-2. Does the CLIP cover 100% of the provider's home service contract liabilities, including the administration of claims and the cost for such administration?</p>	<p align="center">Yes No</p>
<p>7-3. Does the CLIP have a cancellation statement indicating that prior to cancellation by either party, a 60-day notice must be provided to the Commissioner of VDACS?</p>	<p align="center">Yes No</p>
<p>7-4. Attach a copy of the applicant's CLIP, which covers the home service contracts in effect.</p>	<p align="center">Attachment included</p>

SECTION 8
LICENSE, PERMIT OR REGISTRATION INFORMATION

<p>8-1. Does the applicant possess a home service contract provider license, permit, or registration issued by a licensing authority in another state, territory or jurisdiction? If <u>yes</u>, please attach a list including the type of license, the licensing authority, the license number, and the name and telephone number of the appropriate contact person at the issuing authority.</p>	<p>Yes - attachment included No</p>
<p>8-2. Has the applicant ever had a home service contract provider license, permit, or registration denied, limited, restricted, not renewed, revoked, suspended, or subject to an administrative proceeding? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter, including the name of the licensing authority, the date of each action taken and the reason for the action.</p>	<p>Yes - explanation sheet included No</p>
<p>8-3. Did the applicant begin selling home service contracts in Virginia prior to submitting this application? If <u>yes</u>, please attach an explanation sheet disclosing the date the applicant began selling home service contracts in Virginia.</p>	<p>Yes - explanation sheet included No</p>
<p>8-4 Is the applicant the provider/obligor on all contracts being sold/offered by the applicant? If no, please attach a list of all providers/obligors for whom the applicant is selling/offering contracts on behalf of that also indicates the contracts for each provider.</p>	<p>Yes No - attachment included</p>

DISCLAIMERS AND AFFIDAVITS

By completing this section and affixing my signature, I hereby state that I am authorized to sign this application on behalf of the applicant, and, to the best of my knowledge, information and belief, there has been no misrepresentation or failure to disclose. I am aware that later discovery of an omission or misrepresentation made in this application, or made on any statement, document, or information may be grounds for denial of the applicant's application or revocation of the applicant's registration, or subject the applicant or personnel to criminal penalties in the Commonwealth of Virginia.

I agree that I will notify the Office of Charitable and Regulatory Programs (OCRCP) of any circumstance that necessitates amending any response provided in this application.

I agree that I will abide by the laws and regulations governing home service contracts in the Commonwealth of Virginia. **Please Note:** While providers are not required to file copies of their contracts as part of their registration submissions, the Virginia Department of Agriculture and Consumer Services, Office of Charitable and Regulatory Programs reserves the right to request and review any contracts at any time.

I understand that changes in the total amount of unexpired home service contracts may warrant a change in the amount of the surety bond or letter of credit on file and, as such, I will promptly submit a Rider/Amendment for the surety bond or LOC to OCRCP in accordance with § 59.1-434.3 of the *Code of Virginia*.

If a liability insurance policy is on file with OCRCP, I understand that I may not cancel this policy or the issuer of the policy may not cancel this policy without providing a minimum 60 days notice to OCRCP of the cancellation. I further understand that if the policy is cancelled, I must provide a new policy, bond, or letter of credit to OCRCP prior to the effective date of the policy cancellation.

Signature	Date
Print Name	Title

AUTHORITY TO RELEASE INFORMATION FORM

I, _____ (please print name), authorize and grant my consent to permit any law enforcement agency, and any other person, business or agency deemed necessary, to release any information requested by any identified official from the Virginia Department of Agriculture and Consumer Services.

This information is for the express purpose of determining my eligibility to register as a home service contract provider issued under the authority of the Home Service Contract Providers Statutes.

Full Corporate Name of Entity or Full Legal Name If Sole Proprietorship		
Doing Business As/Trading As Name		
Signature	Title	Date

NOTARY STATEMENT

Sworn and subscribed before me this _____ day of _____, 20____ in the (county / city) _____ in the state of _____.

Notary's Signature	Notary's Printed Name
Notary's Commission Number	Notary's Commission Expiration Date