



**Hawai`i Insurance Division
 Department of Commerce and Consumer Affairs
 335 Merchant Street – Room 213
 Honolulu, Hawai`i 96813**

SERVICE CONTRACT PROVIDER ("SCP") APPLICATION / RENEWAL

Note: If this is a renewal and there are no changes to the previous filing, please fill in Box No.'s 1 – 3, and 10 – 13.

1. This is <input type="checkbox"/> an Application. <input type="checkbox"/> a Renewal.					
2. Full and Exact Name of Provider				a) FEIN	
Business Address (P. O. Box is <u>not</u> an acceptable Business Address)					
b) Street			c) Suite		
d) City		e) State		f) Zip Code or Country	
g) Phone Number () Ext.		h) Fax Number ()			
i) Business E-mail Address			j) Business Web Site Address		
Mailing Address					
k) Street or P.O. Box				l) Suite	
m) City		n) State		o) Zip Code or Country	
3. Contact Person			a) E-mail Address		
b) Phone Number () Ext.			c) Fax Number ()		
4. Hawai`i Agent for Service of Process (if other than provider)					
Business Address for Hawai`i Agent for Service of Process (if other than provider) (P. O. Box is <u>not</u> an acceptable Business Address)					
a) Street			b) Suite		
c) City		d) State		e) Zip Code or Country	
f) Phone Number () Ext.		g) Fax Number ()			
DO NOT WRITE IN THIS BOX – For State Use Only					
VID# _____		SCP _____		I-30 \$ _____	
				I-08 \$ _____	

The SCP registration shall include the identities of the provider's executive officer or officers directly responsible for the provider's service contract business. Please use additional pages as necessary and attach them to this application.

5. Name		a) Title or Position	
b) Street or P. O. Box		c) Suite	
d) City	e) State	f) Zip Code or Country	
6. Name		a) Title or Position	
b) Street or P. O. Box		c) Suite	
d) City	e) State	f) Zip Code or Country	
7. Name		a) Title or Position	
b) Street or P. O. Box		c) Suite	
d) City	e) State	f) Zip Code or Country	

The SCP registration shall include any administrators designated by the provider to be responsible for the administration of service contracts in Hawai'i. Please use additional pages as necessary and attach them to this application.

8. Name			
a) Street or P.O. Box		b) Suite	
c) City	d) State	e) Zip Code or Country	
f) Phone Number	g) E-mail Address		
9. Name			
a) Street or P. O. Box		b) Suite	
c) City	d) State	e) Zip Code or Country	
f) Phone Number	g) E-mail Address		
10. Signature of Officer of Corporation		11. Date Signed	
12. Print Name of Signer		13. Title/Position of Signer	

Submit the following with your completed application/renewal:

1. Financial Responsibility Statement – Form FRS, downloaded from <http://cca.hawaii.gov/ins/producers/forms/>.
2. Applicable fees. Make check payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

If you have any questions regarding this form, please e-mail inslic@dcca.hawaii.gov or call 808-586-2788.