



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
KA 'OIHANA PILI KĀLEPA  
INSURANCE DIVISION  
335 MERCHANT STREET, ROOM 213  
HONOLULU, HAWAII 96813



**For New and Renewal Service Contract Provider (SCP) Applicant** – Must complete and submit this required form via NIPR's Attachment Warehouse at <https://nipr.com/licensing-center/attachments> along with the online application. Your application may be considered "rejected" if Licensing Branch does not receive the document below within 7 days from the date the application is submitted. No refund for the fee.

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.

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

  

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

  

3. 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.

  

4. 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		

  

5. 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		

  

6. 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		