



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section

124 Halsey Street, 7th Floor, P.O. Box 45028, Newark, NJ 07101
(973) 504-6370



Instructions for Registration as a Service Contract Provider or Administrator *(Please Read These Instructions Carefully)*

Provider:

Provider means a person who is contractually obligated to the service contract holder under the terms of the service contract.

Administrator:

Administrator means a person who performs the third-party administration of a service contract on behalf of a provider.

Bond:

A surety bond is required for a Service Contract Provider that is not otherwise exempt by statute. It must have a value of not less than five percent of the gross consideration received per annum, less claims paid, on the sale of the service contract for all service contracts issued and in force, but not less than \$25,000.00. The bond is made payable to the State of New Jersey and must be notarized and signed by the owner.

Registration Process:

The registration process can take 30 to 60 days. Incomplete application(s) and/or missing documents will further delay this process.

- Complete this application electronically by filling in this PDF on a computer. Once complete, please submit the application and requested documentation via email to scregistration@dca.njoag.gov. Do **NOT** mail your application.
- Separately MAIL a certified check or money order made payable to “New Jersey Division of Consumer Affairs” in the amount of \$300.00 (non-refundable) to: Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, 124 Halsey Street, 7th Floor, P.O. Box 45028, Newark, NJ 07101. When mailing payment, please include a note in the envelope indicating the name of the business for which the fee is being submitted. Please only send payment by mail; do **NOT** mail in your application.
- You may also drop off a completed application and/or payment in-person at the Division of Consumer Affairs, 124 Halsey St., 7th Floor, Newark, NJ 07101, M-F 10 a.m. - 2 p.m.

A copy of the filed New Jersey Certificate of Incorporation, Certificate of Formation, Trade Name Certificate, Alternate Name Certificate or a copy of approved Fictitious Name Certificate must be submitted with this application. If the organization is an out of state firm, you **MUST** submit a copy of the New Jersey Certificate of Authority from the New Jersey Department of Treasury.

The registration process can take 30 to 60 days. Incomplete application(s) and/or missing documents will further delay this process.



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101
(973) 504-6370



Application for Registration

Choose One: **Service Contract Provider** **Service Contract Administrator**
 Service Contract Provider and Administrator

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Instructions: Please print clearly. Answer all of the questions. Your application will not be processed until all of the questions have been answered and all of the required documents, and the registration fee, have been received by this Division. If a question does not apply to your business, write "N/A."

1. Business Name

The name must match the name listed on the corporate, alternate name, and trade name documents, the insurance certificate and the original bond.

2. List all other names under which the applicant does business. If you do not use any other name(s), write "None." If the answer to this question is left blank, it will automatically default to "None."

3. Indicate the type of business you own.

- Sole Proprietorship: Attach a copy of the business's Trade Name Certificate. Refer to Sample #1 or #2.
- Partnership: Attach a copy of the business's Trade Name Certificate. Refer to Sample #1 or #2.
- Corporation: Attach a copy of the business's Certificate of Incorporation. Refer to Sample #3, #4 or #5.
- Limited Liability Co.: Attach a copy of the business's Certificate of Formation. Refer to Sample #5, #6 or #7.
- Limited Liability Partnership: Attach a copy of the business's Certificate of Formation. Refer to Sample #5, #6 or #7.

Additional Requirements

- Out-of-State Corporation: Attach a copy of the business's New Jersey Certificate of Authority and the formation documents from your home state. Refer to Sample #9.
- Alternate Name: Attach a copy of the business's Registration of Alternate Name Form C-150G. Refer to Sample #8.

Contact your local county clerk's office to obtain a Trade Name Certificate.

Contact the N.J. Department of the Treasury, Division of Revenue, at (609) 292-9292, if the business is a corporation.

Refer to the samples.

4. Business Address (Must be a street address.)		E-mail Address	
City	State	ZIP Code	
Telephone No. (include area code)	Fax No. (include area code)		
5. Mailing Address If the address is the same as in question #4, write "N/A."			
5(a). Please provide the name of a contact person such as the administrative manager/supervisor, should the need arise for the Division to contact your business.			
Direct Telephone No. and Extension (include area code)		E-mail Address	
6. Agent – If the business is a corporation, L.L.C., or L.L.P., you must provide the name and address of an agent in New Jersey who is authorized to accept documents on its behalf for the service of process.			
Registered Agent's Name			
Street Address			
City	State: New Jersey	ZIP Code	
Telephone No. (include area code)	Fax No. (include area code)		

7(a). Parent Company - Name		
7(b). Parent Company - Business Address (Must be a street address.)		E-mail Address
City	State	ZIP Code
Telephone No. (include area code)	Fax No. (include area code)	
7(c). Parent Company - Mailing Address If the address is the same as in question #7(b), write "N/A."		
<p>8. Pursuant to <u>N.J.S.A. 56:12-90</u>, service contract providers and administrators must maintain means of assuring faithful performance ("AFP") to contract holders. Indicate which AFP is applicable to your business, and submit supporting documentation along with this application:</p> <p><input type="checkbox"/> Reimbursement insurance policy that complies with the requirements of <u>N.J.S.A. 56:12-92</u>;</p> <p><input type="checkbox"/> Funded reserve account that complies with the requirements of <u>N.J.S.A. 56:12-90(a)(2)</u>;</p> <p><input type="checkbox"/> Net worth or stockholders' equity of at least \$100,000,000.00, demonstrated by a copy of your, or your parent company's or affiliated corporation's most recent Form 10-K or Form 20-F filed with the Securities and Exchange Commission within the past 12 months, or a copy of your, or your parent company's or affiliated corporation's audited financial statements, showing a net worth of \$100,000,000.00 or greater;</p> <p><input type="checkbox"/> For Administrators only - proof of indemnification pursuant to a Provider's AFP.</p>		

Complete questions 9(a) and 9(b), ONLY if the business is a Provider.

9(a). Does your business maintain a surety bond pursuant to <u>N.J.S.A. 56:12-90(b)</u> ? If "Yes," submit the original surety bond with this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9(b). Are you claiming an exemption from the surety bond requirement? If "Yes," submit one of the following: <input type="checkbox"/> Reimbursement insurance policy, as described in question 8; <input type="checkbox"/> Proof of net worth or stockholders' equity of at least \$100,000,000.00, as described in question 8; or <input type="checkbox"/> Proof that the Department of Banking and Insurance has determined that your business meets the financial solvency standards established under Title 17 of the New Jersey Statutes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Provide the business's Federal Employer Identification Number
Federal Employer Identification Number (FEIN) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Complete questions 11(a) and 11(b), ONLY if the business is a sole proprietorship.

11(a). Is the sole proprietor the subject of a child-support warrant or has he/she failed to pay a court-ordered child-support obligation in an amount equal to or more than the amount of child support payable for six months, failed to pay any court-ordered health care coverage for the past six months, or failed to respond to a subpoena relating to a paternity or child-support proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11(b). Social Security number of sole proprietor (if there is one):

- -

Federal taxpayer identification number of sole proprietor (if there is one):

- -

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44(e) of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Office of Consumer Protection is required to obtain your Social Security number and federal taxpayer identification number. You must provide both numbers if you have both. If you have neither a Social Security number nor a federal taxpayer identification number, you must complete and submit this Certification available at <https://www.njconsumeraffairs.gov/Documents/Certification-Form-for-Applicants-with-no-Social-Security-Number-or-Individual-Taxpayer-ID-Number.pdf> with your application.

Pursuant to these authorities, the Office of Consumer Protection is also obligated to provide your Social Security number and federal taxpayer identification number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

12. List the full name, business street address and business telephone number of each owner, officer, director, and principal of the business and, if applicable, all principals of any parent company and/or other affiliated entity that provides or administers service contracts in the United States. If the applicant is a partnership, each member of the partnership must be listed. (Use additional sheets of paper if necessary.)

Please print clearly.

Name and title

Business street address

City

State

ZIP code

Business telephone number (include area code)

Name and title

Business street address

City

State

ZIP code

Business telephone number (include area code)

Name and title

Business street address

City

State

ZIP code

Business telephone number (include area code)

(Note: You may photocopy this page and attach additional pages to this application if there are more than three (3) owners, officers, directors, or principals)

<p>13. Pursuant to N.J.S.A. 56:12-95.1(b), has any officer, director, partner, or principal identified in question 12 been named or involved in any litigation or enforcement matters concerning service contracts filed or prosecuted in the past five (5) years?</p> <p>If “Yes,” please provide the following:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of person against whom action was taken	Date of action	Nature of the allegation or litigation	Name and address of the government agency or entity that took action	Action taken

14. Provide the following information regarding your business operations for the past year:

Total amount collected in provider’s fees	
Total amount paid out in claims or charges for services under the contracts issued	

Payment of the Registration Fee:

The nonrefundable fee to register is \$300.00. The certified check or money order should be made payable to “New Jersey Division of Consumer Affairs.” Please see the cover page of this application for instructions on how to submit your completed application and payment.

NOTE: Please be advised that any application that is missing required information will be rejected. The entire application must be completed. All of the requested documentation must be submitted with the application.

CERTIFICATION

I, as a principal officer of the applicant, understand that this registration will be accepted only if the requirements of N.J.S.A. 56:12-87 et seq., and the regulations promulgated thereunder, have been met.

I certify that I have reviewed all of the information provided in connection with the application and it is true and accurate to the best of my information, knowledge, and belief. I understand that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Division of Consumer Affairs (“the Division”).

I agree to cooperate fully with any request by the Attorney General or the Division to provide any assistance or information and to produce any records requested by the Division, and to cooperate in any inquiry, investigation, or hearing conducted by the Division.

Name of applicant

Your name (please print)

Your signature

Your title

Date

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit <https://www.nj.gov/treasury/revenue/>.
 For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office.
 For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

N.J. TRADE NAME CERTIFICATE

OUT-OF-STATE TRADE NAME CERTIFICATE

Sample #1

OCEAN COUNTY CLERK'S OFFICE
N.J. CERTIFICATE OF TRADE NAME

CARL W. BLOCK, COUNTY CLERK
 Ocean County Government
 P.O. Box 2141, Toms River, NJ 08724-0141
 (732) 925-2016 FAX 925-204101
www.oceanclerk.com

This is to certify that:
 The following statement is made by the undersigned person in the presence of NJRS Notary Public, (Business and Partnership Names):

- The name under which the business is now to be conducted is [REDACTED]
- The nature of the business is [REDACTED]
- The address where the said business is now or is about to be conducted is [REDACTED]
- The full name and residence in possession of each person connected with the said business as a member of the firm, partner or owner, and being a resident of Ocean County, has said to be [REDACTED]

Business Telephone No. [REDACTED]

The person, or partner or member of the firm or partnership constituting or constituting the said business, who are not residents in this State do hereby authorize the Clerk of the County wherein incorporation or partnership is to be conducted upon whom all original process may be served by an action of legal proceeding against said firm or partnership of the said nature, agents and persons or persons for any legal damage or liability connected or incurred by them in or proceeding out of the nature or transaction of said business. It is agreed that such original process which may be served upon the County Clerk shall be of the same force and effect as if served upon each of the resident persons or persons of the firm or partnership. The jointly listed parties to each respondents, continue in force to long as they shall do, conduct or transact the said business in this State under said name.

Witnessed by: [REDACTED]

Date: 8/12/09

State of New Jersey
 County of Ocean

who I am qualified to be the person [REDACTED]

In my presence and before me personally appeared before me and after being duly sworn, the said [REDACTED] has acknowledged that the statements contained therein are true.

Notary Public for New Jersey
 [Signature]

NOTICE
 The filing of this Trade Name Certificate does not preclude the use of this name by an incorporated entity.

Sample #2

CORPORATION BUREAU
 DEPARTMENT OF STATE
 308 NORTH OFFICE BUILDING
 HARRISBURG, PENNSYLVANIA 17120

REGISTRATION NO. [REDACTED]
 REGISTRATION DATE [REDACTED]

in compliance with the requirements of Section 311 of Act 1982-286 (54 Pa. C.S. § 311), the undersigned hereby certifies that:

- Foreign name [REDACTED]
- Address of the principal place of business (including state and number) [REDACTED]
- Brief statement of the character or nature of the business [REDACTED]
- Individual or individuals concerned in the business (name and address) [REDACTED]

I hereby certify that no individual interested in the business [REDACTED]

I am familiar with the provisions of Section 332 of the Foreign Names Act and understand that filing under this Act does not confer any other right to the holder's name.

I agree to pay, authorized to receive assignments, notices, and communications.

IN TESTIMONY WHEREOF, we undersigned have caused this registration to be executed this 22 day of September, 2009.

[Signatures]

Secretary of State

FILED	DATE	OFFICE	REGISTERED
SEP 23 2009	SEP 23 2009	SEP 23 2009	SEP 23 2009

Note: The appearance of these documents may vary depending on the state and county of origin.

CERTIFICATE OF INCORPORATION

Sample #3

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF INC. (PROFIT)

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 01/10/2007 and was assigned identification number 0430182023. Following are the articles that constitute its original certificate:

- Name: [REDACTED]
- The Registered Agent: [REDACTED]
- The Registered Office: [REDACTED]
- Business Purpose: [REDACTED]
- Stock: 100
- First Board of Directors: [REDACTED]
- Incorporators: [REDACTED]

Continued on next page ..

Sample #3

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF INC. (PROFIT)

8. The Main Business Address: [REDACTED]

Signatures: [REDACTED]

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal of the State of New Jersey, this 01/11/2007.

[Signature]

Bradley Adams
 Treasurer of the State of New Jersey

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CERTIFICATE OF INCORPORATION

Sample #4

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE

CERTIFICATE OF INC. (PROFIT)

This State of New Jersey Domestic Profit Corporation was duly filed in accordance with New Jersey statute on 11/02/2009 and was assigned identification number NJ00274211. Following are the articles and regulations governing its operation.

1. Name: _____
2. Registered Agent: _____
3. Registered Offices: _____
4. Business Purpose: _____
5. Stock: _____
6. Effective Date of this Filing is: _____
7. Designation of Shares: _____
8. First Board of Directors: _____
9. Incorporators: _____
10. Main Business Address: _____


Signatures: _____

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Sample #4


NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE

CERTIFICATE OF INC. (PROFIT)



Certificate 1189430
 Article continues
 Information about articles is located on the Division's Website

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Trenton, the 11th day of March, 2009.



R. David Anderson
 Treasurer

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Sample #5

STATE OF NEW JERSEY
 DEPARTMENT OF TREASURY
SHORT FORM STANDING

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 2, 2009.


As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:



Certificate 1189430
 Article continues
 Information about articles is located on the Division's Website

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Trenton, this 16th day of November, 2009.



R. David Anderson
 State Treasurer

Note: Sole Proprietor and Partnership documents are issued by your local county clerk's office.
 Certificate of Formation and Certificate of Incorporation documents are issued by the State of New Jersey.

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit <https://www.nj.gov/treasury/revenue/>.
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CERTIFICATE OF FORMATION

Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE

CERTIFICATE OF FORMATION

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey state law on 11/12/2009 and was assigned identification number 040035763. Following are the articles that constitute its original certificate.

1. Name:
2. Registered Agent:
3. Registered Office:
4. Business Purpose:
5. Members/Managers:
6. Main Business Address:

Signatures:


Page 1

Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE

CERTIFICATE OF FORMATION

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Trenton, New Jersey, this 12th day of November, 2009.



R. David Romanos
 State Treasurer

Identification: 119710825
 Filed On: 11/12/2009
 Identification: 040035763, State of New Jersey, LLC

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CERTIFICATE OF FORMATION

Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF FORMATION

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/11/2006 and was assigned identification number 0100014312. Following are the articles that constitute its original certificate.

1. Name:
2. The Registered Agent:
3. The Registered Office:
4. Business Purpose:
5. Members/Managers:
6. The Main Business Address:

Signatures:

Continued on next page ...


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Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF FORMATION

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Trenton, New Jersey, this 12/12/2006.



John A. McCormac, CPA
 Treasurer of the State of New Jersey

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For information on documentation issued by the State of New Jersey call 609-292-9292 or visit <https://www.nj.gov/treasury/revenue/>.
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REGISTRATION OF ALTERNATE NAME

CERTIFICATE OF AUTHORITY

Sample #8

STATE OF NEW JERSEY
 DIVISION OF REVENUE

REGISTRATION OF ALTERNATE NAME

FILED
 SEP 28 2009
 STATE TREASURER

Check Appropriate Entity:
 The 44-25.1(a) New Jersey Business Corporation Act Title 17:26-4 Limited Liability Company
 Title 17:27-2 New Jersey Nonprofit Corporation Act Title 17:28-6 Limited Partnership

1. Current Corporate/LLC/Partnership No. [REDACTED]
 2. NJ ID No. [REDACTED]
 3. Set forth each of the legal descriptions of the [REDACTED]
 4. Date of incorporation/partnership [REDACTED]
 5. Date of authorization to use [REDACTED]
 6. Address where to be used [REDACTED]
 7. Date of expiration of authority to be designated using the Alternate Name [REDACTED]
 8. The business has not previously and will not continue to use the same or a similar name, or if it has, the authority was granted to it on a different date.

Signature of Applicant: [REDACTED]
 Title: [REDACTED]
 Signature of Authorized Representative: [REDACTED]
 Title: [REDACTED]

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

Sample #9

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE

CERTIFICATE OF AUTHORITY

1. Name: [REDACTED]
 2. Registered Agent: [REDACTED]
 3. Registered Office: [REDACTED]
 4. Business Purpose: [REDACTED]
 5. Incorporated Under the Laws of: [REDACTED]
 6. Main Business Address: [REDACTED]

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
 AUTHORITY TO REGISTER AND MAINTAIN RECORDS OF THE STATE OF NEW JERSEY
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NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
 AUTHORITY TO REGISTER AND MAINTAIN RECORDS OF THE STATE OF NEW JERSEY

CERTIFICATE OF LIABILITY INSURANCE

Sample #10

ACORD CERTIFICATE OF LIABILITY INSURANCE

INSURERS AFFORDING COVERAGE: [REDACTED]
 NAIC #: [REDACTED]

INSURED: [REDACTED]

COVERAGE	TYPE OF COVERAGE	POLICY NUMBER	PERIOD OF COVERAGE	AMOUNT
GENERAL LIABILITY	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 50,000
PRODUCTS/COMPLETED OPERATIONS LIABILITY	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 50,000
SOIL REMEDIATION LIABILITY	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 1,000,000
ADDITIONAL COVERAGE	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 1,000,000
COMMERCIAL AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 1,000,000
NON-OWNED/OPERATED AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 1,000,000
UM/UA	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 1,000,000
UTILITY SERVICE LIABILITY	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 1,000,000
CONTRACTORS POLLUTION LIABILITY	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 1,000,000
ADDITIONAL COVERAGE	<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	\$ 1,000,000

NEW JERSEY DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
 AUTHORITY TO REGISTER AND MAINTAIN RECORDS OF THE STATE OF NEW JERSEY