

ALABAMA SERVICE CONTRACT PROVIDER RENEWAL APPLICATION

Postal Service

**Alabama Department of Insurance
C/O Compass Bank
P.O. Box 830707
Birmingham, AL 35283-0707**

Courier or Express Service

**Alabama Department of Insurance
C/O Compass Bank
701 South 32nd Street
Birmingham, AL 35233**

Provider Name: _____ Date Submitted: _____

President or CEO: _____ SCP# _____

FEIN# _____

Address: _____

Contact: _____ Telephone Number: _____

Fax Number _____ Toll Free Number: _____

Name/Address of Representative

Name/Address of Agent for Service

To Answer Consumer Complaints:

Process:

List each service contract subject to Title 8, Chapter 32, Code of Alabama, 1975, submitted for filing with this application. (Include a complete specimen copy of each contract.)

1. _____

2. _____

INDICATE THE METHOD USED TO MEET THE FINANCIAL SECURITY REQUIREMENT UNDER SECTION 8-32-3, CODE OF ALABAMA:

- REIMBURSEMENT INSURANCE POLICY (please attach copy) **OR**
- FUNDED RESERVE ACCOUNT AND FINANCIAL SECURITY DEPOSIT **OR**
- \$100 MILLION MINIMUM NET WORTH (attach current audited financial statement) **OR**
- SURPLUS LINES INSURANCE POLICY (please attach copy)

"IF THE FUNDED RESERVE ACCOUNT AND FINANCIAL SECURITY DEPOSIT ARE BEING USED TO MEET THE FINANCIAL SECURITY REQUIREMENT, INDICATE WHICH TYPE IS PLACED IN TRUST WITH THE COMMISSIONER:

- SURETY BOND (please attach)
- SECURITIES ELIGIBLE FOR DEPOSIT (Contact Department for deposit instructions)
- DEPOSIT OF CASH OR EQUIVALENT (Contact Department for deposit instructions)
- LETTER OF CREDIT (please attach)

The information provided is true and correct.

Signed: _____ Title: _____ Date: _____

Sworn and subscribed before me this _____ day of _____, _____.

_____ Notary Public