



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## SERVICE CONTRACT PROVIDER REGISTRATION INSTRUCTIONS

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

1. NAME OF PROVIDER – Enter the full name of the provider applying for registration (40 character maximum).
2. ASSUMED NAME(S) OR DOING BUSINESS AS (DBA) NAME(S) – Provide all assumed names or DBAs used by the provider applying for registration. If an assumed name or DBA is used, attach an Assumed Named Certificate from the Texas Secretary of State's Office or from the Texas county where the DBA or assumed name was filed.
3. TYPE OF OWNERSHIP – Select the box that shows how the business is organized.
4. FEDERAL TAX ID NUMBER – Enter the federal ID number that is used by the business. Information about Federal or Employer ID numbers can be found at the [IRS Website](http://www.irs.gov).
5. MAILING ADDRESS – Provide the current mailing address for the business. This is the address where we will send the business mail. A post office box can be used.
6. PHYSICAL LOCATION – Enter the physical address of the business. Do not use a post office box.
7. BUSINESS PHONE NUMBER – Provide the main phone number for the business applying for this license.
8. BUSINESS FAX NUMBER – Enter the main fax number for the business applying for this license.
9. POINT OF CONTACT – Provide the name, title, email address and phone number of a person we can contact about the business. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
10. TYPE OF SERVICE CONTRACTS SOLD AND PRODUCTS AND SERVICES COVERED – Indicate the type of service contracts being sold or issued by the provider. A full description of the four types of service contracts is set out in the definition of "service contract" under Texas Occupations Code 1304.003(a)(2)(A)-(D); (a)(3), and (a)(4)(A)-(C). Check all applicable types of service contracts being sold or issued. Indicate the type of products or services covered by the service contracts. Check all applicable products or services. If the response is "Other," please specify the type of products or services covered.
11. CONTRACTS SOLD OR ISSUED – Provide the number of contracts sold or issued in the preceding 12 months in Texas. Information provided in this box is considered a trade secret, as provided under Texas Occupations Code §1304.104.
12. WEBSITE ADDRESSES/ADMINISTRATORS/SELLERS – Answer the three (3) questions on the registration application. Not later than the 30th day after the date of a provider's initial registration, the provider must provide TDLR with:
  - a list of website addresses through which a consumer may purchase the provider's service contracts;
  - a list of administrators appointed by the provider including the administrator's name(s), assumed name(s), street address(es), and telephone number(s); and
  - a list of sellers of the provider's service contract. You may exclude a seller that is an employee of the provider, or a business with a physical location in Texas at which a consumer may purchase a service contract. Include the name(s), assumed name(s), street address(es), and telephone number(s). You may submit a CD of the lists in lieu of hard copies. If you marked **YES** to any of the above, attach the required documentation. These lists must be updated upon renewal.

13. **CONTROLLING PERSONS** – Attach a Service Contract Provider Personal Information Form for each controlling person associated with the Provider applying for registration. Make additional copies as needed.

- **SOCIAL SECURITY NUMBER** – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
- **EMAIL ADDRESS** - By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.

14. **FINANCIAL SECURITY REQUIREMENTS** – Indicate the method used to comply with the requirements of Texas Occupations Code §1304.151 by selecting the appropriate box. Provide required attachments. For more information, see the Frequently Asked Questions on the [TDLR website](#). If using more than one method of financial security, or using separate financial security for separate products, services, or contracts, attach an additional sheet and provide the financial security details by product, service, or contract.

**IDENTITY RECOVERY SERVICE CONTRACT REQUIREMENTS** – This area provides information for providers that sell or issue service contracts that only provide identity recovery services and are financed under Chapter 348 or 353, Texas Finance Code (Identity Recovery Service Contract). A provider who sells or issues identity recovery service contracts is required to pay quarterly contract fees. See TDLR Form #010 ([Identity Recovery Service Contract Quarterly Report.pdf](#)) for more information.

15. **DESIGNATE PROPRIETARY OR CONFIDENTIAL DOCUMENTS** - Please mark, stamp, or otherwise clearly identify each submitted document, page, or section of a document that you believe is proprietary or confidential.

16. **STATEMENT OF APPLICANT** – Carefully read the statement; print your name, indicate title; sign and date your application.

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

TDLR  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or call (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).



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## SERVICE CONTRACT PROVIDER REGISTRATION APPLICATION

**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.**

**APPLICATION FEE: \$250.00 (FEE IS NON REFUNDABLE)**

1. **Name of Provider:** \_\_\_\_\_

2. **Assumed Name(s) or "Doing Business As" (DBA) Name(s):** (attach a separate sheet if necessary)  
\_\_\_\_\_

3. **Type of Ownership:**  Sole Proprietorship  Corporation  Limited Partnership  
 Limited Liability Company  Limited Liability Partnership  General Partnership

4. **Federal Tax ID Number:** \_\_\_\_\_

5. **Mailing Address:** (USED TO RECEIVE MAIL FROM TDLR) (A PO Box is allowed for this address)  
\_\_\_\_\_  
Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

6. **Physical Location:** (A PO Box is not allowed for this address)  
\_\_\_\_\_  
Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

7. **Business Phone Number:** \_\_\_\_\_  
(Area Code) Phone Number

8. **Business Fax Number:** \_\_\_\_\_  
(Area Code) Phone Number

9. **Point of Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Point of Contact Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
(ex: [john.doe@gmail.com](mailto:john.doe@gmail.com)) See instruction sheet for disclosure information (Area Code) Phone Number

10. **Type of Service Contracts Sold and Products and Services Covered**  
**Indicate the type of service contracts being sold or issued. Select all that apply:**  
 Repair, replace, or maintain a product or pay for the repair, replacement, or maintenance of a product (Occ. Code §1304.003(a)(2)(A))  
 Identity recovery service contract (Occ. Code §1304.003(a)(2)(B)) **(See #15)**  
 Depreciation benefit optional member program (Occ. Code §1304.003(a)(2)(C))  
 Provide a service, reimbursement, or payment under a residential service contract (Occ. Code §1304.003(a)(2)(D) and 1304.003(a)(4)(A)-(C).  
Indicate if previously licensed by the Texas Real Estate Commission: \_\_\_\_\_ TREC License Number

**Indicate the type of products or services covered by the service contracts. Select all that apply:**  
 Residential Service Contract  Vehicles  Electronics  Appliances  Identity Recovery  
 Other: (Please specify) \_\_\_\_\_

11. **Contracts Sold or Issued:** Enter the number of contracts sold or issued in the preceding 12 months in Texas.  
Information in this box is considered a trade secret, as provided under Texas Occupation Code §1304.104  
\_\_\_\_\_

**12. WEB ADDRESSES/ADMINISTRATORS/SELLERS**

Answer the following questions:

- Do you have websites through which a consumer may purchase the provider’s service contracts?  Yes  No
- Do you have administrators appointed by this provider?  Yes  No
- Do you have sellers of the provider’s service contracts  Yes  No

(You may exclude a seller that is an employee of the provider, or business with a physical location in Texas, at which a consumer may purchase a service contract.)

If you marked **YES** to any of the above, attach the required documentation no later than the 30<sup>th</sup> day after the date of a provider’s initial registration. Provide all the following information:

- Web Address(es)
- Administrators’ or Seller’s name(s)
- Assumed name(s)
- Street Address(es)
- Telephone number(s)

**These lists must be updated upon renewal. You may submit a CD of the lists in lieu of hard copies.**

**13. CONTROLLING PERSONS**

Attach a [Service Contract Provider Personal Information Form](#) for each controlling person of the Provider applying for registration.

A controlling person defined in Texas Occupations Code §1304.0035 as an individual who meets at least one of the following:

- possesses direct or indirect control of at least 25% of the voting securities of a corporations;
- possesses the authority to set policy and direct the management of a business entity;
- is the president, secretary, or a director of a corporation; or
- is a general partner of a partnership.

An individual who is a controlling person of a corporation or other business entity that is the general partner of a limited partnership is a controlling person of the limited partnership.

**14. FINANCIAL SECURITY REQUIREMENTS**

Check the appropriate box to indicate the method used to meet the financial security requirements as described in Texas Occupations Code §1304.151.

All forms are located on the [TDLR website](#). For more information, see the [Frequently Asked Questions page](#).

Reimbursement insurance policy. Required attachments:

- Complete copy of the current policy
- Service Contract Provider Texas Endorsement
- Copy of Texas Department of Insurance (TDI) approval letter for using the endorsement language;
- Insurer’s most recent annual statement filed with NAIC
- Insurer’s most recent Audited Financial Statements
- Insurer’s most recent Actuarial Certification

\$100 million minimum net worth:

- Indicate the web address where proof of most recent net worth is available:
- List any access information required to view proof of net worth online:

**OR**

• Attach the most recent audited financial statements as required by Texas Occupations Code §1304.151(c).

Funded reserve account and financial security deposit must be accompanied by the provider’s most recent Audited Financial Statements prepared by an independent certified public accountant. A Financial Security Deposit must be used in conjunction with a Funded Reserve Account. Indicate which of the three types of security deposit below that you have placed in trust with the Executive Director. Minimum amount of security deposit is \$250,000.

- Letter of Credit
- Certificate of Deposit (CD)
- Deposit of Cash with TDLR

\*If previously licensed by TREC and utilizing a bond, please contact TDLR via [Webform](#) for further guidance prior to submitting this application. (Select "Service Contract Providers")

**To document the funds in the funded reserve account, download and attach the completed [FUNDED RESERVE CALCULATION FORM \(PDF\)](#). Also attach the first page of the most recent funded reserve account statement and documentation for the Financial Security Deposit being used.**

**If using more than one method of financial security, or using separate financial security for separate products, services or contracts attach an additional sheet and provide the financial security details by product, service, or contract.**

## IDENTITY RECOVERY SERVICE CONTRACT REQUIREMENTS

This section applies only to a provider who sells or issues service contracts that ONLY provide identity recovery services and are financed under Chapter 348 or 353, Texas Finance Code (Identity Recovery Service Contracts).

“Identity Recovery” means a process, through a limited power of attorney and the assistance of an identity recovery expert that returns the identity of an identity theft victim to pre-identity theft event status. (Texas Occupations Code §1304.003)

A provider under this section must meet the following requirements:

- Contract fees of \$1 per contract sold or issued in Texas must be submitted to the Department on a quarterly basis, as defined in Section 1304.1035. (See TDLR Form SCP 010; [“Identity Recovery Service Contract Quarterly Report \(PDF\)”](#))
- Quarterly contract fees are due no later than the 30th day after the date of each calendar quarter ends. The number of identity recovery service contracts sold or issued in the state must be maintained for payment of quarterly contract fee. The calendar quarter ends on the following dates:
  - **March 31** (due date: April 30);
  - **June 30** (due date: July 30);
  - **September 30** (due date: October 30);
  - **December 31** (due date: January 30).

## 15. DESIGNATE PROPRIETARY OR CONFIDENTIAL DOCUMENTS

Please mark, stamp, or otherwise clearly identify each submitted document, page, or section of a document that you believe is proprietary or confidential.

## 16. STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of Texas Occupations Code, Chapters 51 and 1304, and 16 Texas Administrative Code, Chapters 60 and 77. I certify all information submitted on this form and any attachments is true and accurate. I understand that providing false information on this application or any attachments may result in imposition of administrative penalties and/or sanctions, including denial of the application or revocation of the Provider’s registration.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

# SERVICE CONTRACT PROVIDER CONTROLLING PERSON – PERSON INFORMATION FORM

This form must be completed by each controlling person as defined in Occupations Code, Section 1304.0035 NOTE:

**All information must be typed or printed in ink.**

1. Name of registered or proposed service contract provider under which this personal information is required:

2. Controlling Person's Full Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

\_\_\_\_\_ Suffix (Jr., Sr., III)

3. Other Name(s): (if applicable)

4. Date of Birth:

\_\_\_\_\_  
MM/DD/YYYY

5. Gender:

Male  Female

6. Social Security Number:

\_\_\_\_\_  
See instruction page for disclosure information

7. Title:

8. Percentage of Ownership:

9. Phone Number:

\_\_\_\_\_  
(Area Code) Phone Number

10. \*Email Address:

\_\_\_\_\_  
\*Email Address (ex: johndoe@gmail.com) See instruction page for disclosure information

11. Home Address: (A P.O. Box cannot be used for this address)

\_\_\_\_\_  
Number, Street Name, Suite Number, City, State, Zip Code

## 12. ANSWER THE FOLLOWING QUESTIONS:

(if you have any doubt about the accuracy of an answer, the question should be answered "Yes" and an explanation provided.)

- a)  Yes  No Has any business for which you are or were a controlling person filed a petition under any chapter of the U.S. Bankruptcy Code or been placed in receivership?
- b)  Yes  No Are you operating or acting as a controlling person for any other service contract provider, administrator, or seller?
- c)  Yes  No Have you or a service provider, administrator, or seller in which you are or were a controlling person ever been denied or refused a license or license renewal in any state?
- d)  Yes  No Have you or a service provider, administrator, or seller in which you are or were a controlling person ever been disciplined by a state regulatory body?
- e)  Yes  No Have you or a service contract provider, administrator, or seller in which you are or were a controlling person ever been subject to a cease-and-desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action?
- f)  Yes  No Have you or a service contract provider, administrator, or seller in which you are or were a controlling person ever had a license issued under Title 13 of the Texas Insurance Code revoked?
- g)  Yes  No Have you or a service contract provider, administrator, or seller in which you are or were a controlling person ever had a provider, administrator, or seller license or registration revoked in any state?
- h)  Yes  No Have you or a service contract provider, administrator, or seller in which you are or were a controlling person ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

**If you answered "Yes" to any of the above questions, attach copies of documentation and separate pages providing the necessary details including names, contact information, dates, locations, and dispositions.**

13.

## SIGNATURE

I certify that I will comply with all applicable provisions of Texas Occupations Code, Chapters 51, and 1304, and 16 Texas Administrative Code, Chapters 60 and 77. I certify all information submitted on this form and any attachments is true and accurate. I understand that providing false information on this application or any attachment may result in imposition of administrative penalties and/or sanctions, including revocation of the registration.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title