Protection Product Registration Application         Name of warrantor:	A CONTRACTOR	Department of Consum Division of Fina P.O. Box 14480, Sal Phone: 503-947-798 350 Winter St. NE, S E-mail: dcbs.ins dfr.oreg	<ul> <li>Fiscal Services Section</li> <li>Oregon Department of Consume and Business Services</li> <li>P.O. Box 14610</li> </ul>		
Name of warrantor:				Protection Product	
Street address:         City:		0			
City:					
Mailing address (if different):					
City:	City:	State:		ZIP:	
Phone:	Mailing address (if differen	nt):			
Contact person for this application:       E-mail:         Phone:       Fax:         Domicile and established date:       Fax:         Name of agent for service of process in Oregon if not warrantor:       Street address:         City:       State:       ZIP:         Name of administrator of warranties:       Street address:         City:       State:       ZIP:         Name of administrator of warranties:       Street address:         City:       State:       ZIP:         Phone:       Phone:       Phone:         To be complete, your application must be submitted with the following:       I. Registration fee of \$70 per OAR 836-200-0105(2).         2. Name of executive officer and officers directly responsible for business operations relating to vehicle protection product warranties.       Officer:         Executive officer:       Officer:       Officer:         3. Copies of all warranty forms to be used in Oregon, which must comply with ORS 646A.434(3). You must file amendments to warranties and all new warranties.       4. A copy of your reimbursement policy, pursuant to ORS 646A.440. Must be a policy that meets Oregon requirements issued by an authorized insurer or an eligible surplus lines insurer.	City:	State:		ZIP:	
Phone:	Phone:		Fax:		
Domicile and established date:         Name of agent for service of process in Oregon if not warrantor:         Street address:         City:	Contact person for this app	lication:	E-mail:		
Name of agent for service of process in Oregon if not warrantor:         Street address:         City:       State:       ZIP:       Phone:         Name of administrator of warranties:         Street address:					
City:	Street address: City: Name of administrator of v	State: varranties:	ZIP:	Phone:	
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By: Date:					
	By:	Date:			
Signature of owner/principal	Signature of owner/principal	1			

Consumer and Business Services 440-4778 (1/18/COM) Fiscal use only: 92900/1570

## INSTRUCTIONS FOR VEHICLE PROTECTION PRODUCT WARRANTOR APPLICANTS

Vehicle protection product warrantors are required to register with the Department of Consumer and Business Services in order to issue, sell, or offer for sale a vehicle protection product warranty in Oregon.

To register, complete Form 440-4778 and return it with your \$70 registration fee to the address on the form.

After receiving your application, we let you know as soon as possible if there are questions or problems. You may start business when you receive **written** notice that your registration is activated.

ORS 646A.430 through 646A.452 and administrative rules OAR 836-200-0105 to 836-200-0140 governing vehicle protection product warranties are available on the DCBS Insurance Division's website: insurance.oregon.gov

Proof of financial security is established with a reimbursement policy pursuant to ORS 646A.438(1).

Vehicle Protection Product Form Filing Requirements can be found at <a href="http://dfr.oregon.gov/rates-forms/misc/Pages/vpp-warrantors.aspx">http://dfr.oregon.gov/rates-forms/misc/Pages/vpp-warrantors.aspx</a>.

Applications and questions relating to registration call 503-947-7982 or email dcbs.insmail@state.or.us.

