



MARYLAND INSURANCE ADMINISTRATION

REGISTRATION OF MECHANICAL REPAIR CONTRACT OBLIGOR

Application is hereby made by _____ (Obligor) for registration to sell mechanical repair contracts within the State of Maryland.

1. Legal Name of Obligor: _____
2. D.B.A. (if applicable): _____
3. FEIN #: _____
4. Name of state where organized or incorporated: _____
5. Corporate address of Obligor: _____

6. Telephone number of Obligor: _____
7. Name, address and telephone number of an individual designated to receive correspondence on behalf of the Obligor:

8. Name and address of a designated agent authorized to accept service on behalf of the Obligor in Maryland:

9. Has the Obligor, or an officer, director, or employee of the Obligor, been convicted of a felony or of a misdemeanor involving moral turpitude with the sale, solicitation, negotiation, or administration of a mechanical repair contract? _____

As the Obligor, or as the authorized representative of the business entity Obligor, I hereby attest that the Applicant understands and will comply with the laws and regulations of the State of Maryland to which application for registration is hereby made:

(Signature of Officer)

(Print Name and Title)

Date: _____