



**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, telephone number and email address 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: \_\_\_\_\_