



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

## Consumer Guaranty Contracts ("CGC"): Obligor Registration Form

Please email this completed form to [consumerguarantycontracts@ins.nh.gov](mailto:consumerguarantycontracts@ins.nh.gov)

IMPORTANT: CGCs are subject to RSA 415-C. Each registrant is responsible to review and understand the law before completing this form.

New Registration	Renewal	Renewal Date
<input type="checkbox"/> \$300	<input type="checkbox"/> \$150	June 14 <sup>th</sup> 20__

Total Amount Enclosed: \$ \_\_\_\_\_  
Make Check Payable to "Treasurer, State of New Hampshire"

Type of CGC (Check all that Apply)	<input type="checkbox"/> Extended Warranty Auto <input type="checkbox"/> Extended Warranty Home <input type="checkbox"/> Extended Warranty Consumer Goods <input type="checkbox"/> Other (Please Specify _____)
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1. Obligor Legal Name: \_\_\_\_\_
  - a. Phone Number: \_\_\_\_\_
  - b. Tax Identification Number: \_\_\_\_\_
  - c. Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  - d. Type of Organization:  Sole Proprietorship  Corporation  LLC  LLC  
 Partnership  Other: \_\_\_\_\_
  - e. Attach to the extent applicable
    - Certificate of incorporation or formation issued by appropriate state agency.
    - Current certificate of registration as a foreign entity issued by the NH Secretary of State.
    - Certified copy of Charter and Bylaws
    - Certified copy of Operating / Partnership Agreement

Names, phone numbers, and addresses for all administrators and sellers using the form prescribed by the commissioner using [this template](#)

Other organization formation documents not listed:

\_\_\_\_\_

*Note: Foreign corporation, LLCs, LLPs and partnerships must provide a copy of their home state registration and proof of registration as a foreign entity with the NH Secretary of State*

2. Name and title of highest ranked contact person for New Hampshire Business:

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Required Information

Licensing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

3. Location of Obligor's books and records for New Hampshire Business

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. All trade Names used for Consumer Guaranty Contracts: \_\_\_\_\_

\_\_\_\_\_

*Note: Registrants who propose to use trade names must provide proof of trade name registration issued by the NH Secretary of State. The owner of trade name must match name of Obligor.*

5. Name of agent or attorney located in NH for service of process:

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **Proof of Financial Responsibility**

IMPORTANT: RSA 415-C:3 requires that the obligor's president and secretary attach a certificate with the registration giving a full statement, under oath, that the fiscal requirements stated in this RSA 415-C are met.

Please select option below to show proof of financial responsibility.

1.  Bond (RSA 415-C: 4(I)): Please select the greater of the following two choices, up to a maximum of \$250,000.

\$25,000, or

5 percent of all consumer guarantee contracts sold in New Hampshire.

*Attach copy of bond and certified documentary proof of sales activity if applicable.*

2.  Reimbursement Insurance Policy (RSA 415-C: 4(II)): Insurer must be authorized to do business in this state to issue policy.

Name and address of insurer:

\_\_\_\_\_

Name and address of producer (if applicable):

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

*Attach copy of declaration page and policy.*

3.  Capital (RSA 415-C: 4(III)): Please select from below and

Minimum net worth of \$25,000,000, or

Minimum stockholders' equity of \$25,000,000.

*Attach Obligor's annual audited financial statement, certified by a public accountant, or Form 10K or 20F filed with the SEC.*

**Certification by President / Managing Partner**

The undersigned deposes and says that he/she has duly executed this registration dated \_\_\_\_\_ for and on behalf of \_\_\_\_\_ (Obligor Name), and that he/she holds the executive position of \_\_\_\_\_ (Title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents and laws related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that \_\_\_\_\_ (Obligor Name) is in compliance with all legal and fiscal requirements, including those found in NH RSA 415:C.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary Information

State of \_\_\_\_\_ County of \_\_\_\_\_

On this day of in the year \_\_\_\_\_, before me, personally appeared

\_\_\_\_\_ (Person's name) to me known to be the

\_\_\_\_\_ (Title) of the above named organization, and who being duly sworn according to law, did depose and say the he/she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, represents that he or she is authorized to sign this document on behalf of the organization and that the statements contained in this registration and certification are true and complete.

(Notary Public)

My Commission Expires: \_\_\_\_\_

**Certification by Secretary**

The undersigned deposes and says that he/she has duly executed this registration dated \_\_\_\_\_ for and on behalf of \_\_\_\_\_ (Obligor Name), and that he/she holds the executive position of \_\_\_\_\_ (Title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents and laws related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that \_\_\_\_\_ (Obligor Name) is in compliance with all legal and fiscal requirements, including those found in NH RSA 415:C .

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Notary Information

State of \_\_\_\_\_

County of \_\_\_\_\_

On this day \_\_\_\_\_ of in the year \_\_\_\_\_, before me, personally appeared

\_\_\_\_\_ (Person's name) to me known to be the

\_\_\_\_\_ (Title) of the above named organization, and who being duly sworn according to law, did depose and say the he/she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, represents that he or she is authorized to sign this document on behalf of the organization and that the statements contained in this registration and certification are true and complete.

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