



Federal Employer's Identification No.

REGISTRATION FOR PROPERTY SERVICE CONTRACT ADMINISTRATORS

TO: Office of the Commissioner of Insurance

Registration is hereby made as a service contract administrator pursuant to s. 616.54 (1), Wis. Stat., and in support thereof, the following information and documentary evidence is submitted:

1. Name of service contract administrator:	
Address of administrator's home office:	
City:	State:
Zip:	Telephone number:

2. The names of the service contract providers for whom the administrator performs administration.

I do solemnly swear or affirm that I am familiar with the laws of Wisconsin relating to service contracts; that all the foregoing information and documentary evidence submitted is true and correct to the best of my knowledge and belief.

Print Name	Title
Authorized Signature	Email