



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
 Insurance Division – Policy Analysis Section
 500 James Robertson Parkway
 Nashville, TN 37243-1133
 615-741-2825

TENNESSEE VEHICLE PROTECTION PRODUCT ACT
Warrantor's Registration Form Pursuant to Tenn. Code Ann. § 56-55-101 et seq.

Name of Warrantor: _____
 Contact Name: _____ Contact Email Address: _____
 Company Physical Address: _____ City: _____ State: _____ Zip: _____
 Company Mailing Address: _____ City: _____ State: _____ Zip: _____
 Company Phone Number: _____ Claims Phone Number: _____
 Fax Number: _____ FEIN : _____

Attach a separate sheet listing any other names "under which the warrantor does business" in this State, including the principal office address and phone number of each.

Please list below the names of the warrantor's executive officer(s) directly responsible for warrantor's vehicle protection product business. Attach a separate sheet if needed.

Warrantor's Executive Officer: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____
 Fax Number: _____

Third Party Administrator(s) responsible for the administration of the warrantor's vehicle protection product:

 Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____
 Fax Number: _____

The Warrantor must submit the following with this registration form (Documents may be submitted, via email, to Ins.Policy.Analysis@tn.gov):

- A true and correct copy of the warranty reimbursement insurance policy that complies with Tenn. Code Ann. § 56-55-106;
- One (1) sample copy of each warranty the warrantor proposes to use in this state;
- List of executive officers;
- Pay application fee in the amount of \$515.00 by (1) submitting a check made payable to TN Department of Commerce & Insurance along with this application or (2) by EFT (see attached);
- Complete the Uniform Consent to Service of Process, which is located at the following web address:
https://www.tn.gov/content/dam/tn/commerce/documents/insurance/forms/industry_ucaa_form12_040209.pdf;

The warrantor must renew the registration annually by July 1 and shall file any updates within thirty (30) days of change.

Signature of Warrantor's Executive Officer
 Signed: _____ Date: _____
 Signature of Warrantor's Executive Officer

Subscribed and sworn to before me this _____ day of _____.

 Notary Public My Commission Expires: _____

State of Tennessee: Department of Commerce and Insurance

This is the banking information your bank will require when you submit a Wire or ACH transaction:

Wire Transfer (same day by 3:30 bank closing)

Bank: **First Tennessee National Bank Association**

Account Name: State of Tennessee Treasury

Please call 615-532-5340 for the routing and account numbers.

Comment Line# 1: Commerce and Insurance

Comment Line# 2: Tennessee Vehicle Protection Products Act (TVPPA)

ACH payment (next day posting)

Bank: **First Tennessee National Bank Association**

Please call 615-532-5340 for the routing and account numbers.

Please describe your payment in the addenda lines available.

Attn:

Accounting Manager

Dept. Commerce and Insurance

500 James Robertson Pkwy. 11th Floor

Nashville, TN 37243

615-741-9812

FINANCIAL INSTITUTION INFORMATION:

First Tennessee National Bank Association

Main Office

511 Union Street

Nashville, TN 37219

615-734-6000

Treasury.ACH@tn.gov

State Treasury Office 315 Deaderick St Nashville, TN 37243

615-532-3846