



DEPARTMENT OF INSURANCE
 STATE OF ARIZONA
 Financial Affairs Division
 2910 North 44th Street, Suite 210
 Phoenix, Arizona 85018-7269
 Phone: (602) 364-3999
 Fax: (602) 364-3989
www.id.state.az.us

**SENIOR RESIDENTIAL ENTRANCE FEE CONTRACT: PROVIDER REGISTRATION
 ARIZONA REVISED STATUTES TITLE 44, CHAPTER 25, ARTICLE 1**

REGISTRATION INSTRUCTIONS:

1. Provide complete information, including the Month and Day of your Fiscal Year End.
2. Copy Pages 2, 3 and 4, as needed to provide all required information for each Schedule.
3. Complete and sign the Certification and Signature section.
4. **Attach a complete copy of your most recent Audited Financial Report.**
5. **Attach a complete copy of the Disclosure Statement** that you are currently using ARS § 44-6954(D)(2).
6. Include your check made payable to the Arizona Department of Insurance for in the amount of \$250.00 for the Registration Fee.
7. Send all of the items above together, with your check stapled to the upper-left corner of this page.

ENTER PROVIDER INFORMATION:

PLEASE PRINT CLEARLY OR TYPE

Full and Exact Provider Name:			
Business Address:			
Mail Address:			
Telephone Number:	()	Facsimile (FAX) Number:	()

FISCAL YEAR END: _____
 Month/Day

CERTIFICATION AND SIGNATURE:

The undersigned Preparer certifies that he/she is duly authorized to execute this registration statement and that the information provided is true and correct to the best of his/her knowledge and belief. **Preparer acknowledges on the Provider's behalf that the Provider must file any amendments to its Disclosure Statement with us within 14 days after making the amendment.**

Type or Print Preparer's Name and Title

Preparer's Signature and Date Signed

MAIL THIS REGISTRATION AND RELATED CORRESPONDENCE TO:
 ATTN: Insurer Licensing Manager
 Arizona Department of Insurance
 Financial Affairs Division
 2910 N. 44th Street, Suite 210
 Phoenix, AZ 85018-7269

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ARIZONA REVISED STATUTES TITLE 44, CHAPTER 25, ARTICLE 1**

SCHEDULE 1

PROVIDE THE NAME, BUSINESS ADDRESS AND BUSINESS TELEPHONE NUMBER OF EACH PERSON HOLDING AT LEAST A TEN PER CENT (10%) OWNERSHIP INTEREST IN THE PROVIDER.

Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

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SCHEDULE 2

PROVIDE MAILING AND STREET ADDRESSES FOR EACH OF THE PROVIDER'S FACILITIES:

Facility Name: _____

Mailing: _____

City: _____ State: _____ Zip Code: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing: _____

City: _____ State: _____ Zip Code: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing: _____

City: _____ State: _____ Zip Code: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing: _____

City: _____ State: _____ Zip Code: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing: _____

City: _____ State: _____ Zip Code: _____

Street: _____

City: _____ State: _____ Zip Code: _____

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SCHEDULE 3

PROVIDE THE NAME, BUSINESS ADDRESS AND BUSINESS TELEPHONE NUMBER OF THE CHIEF ADMINISTRATOR FOR EACH FACILITY LISTED IN SCHEDULE 2.

Facility Name: _____
Chief Administrator Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Facility Name: _____
Chief Administrator Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Facility Name: _____
Chief Administrator Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Facility Name: _____
Chief Administrator Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Facility Name: _____
Chief Administrator Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Facility Name: _____
Chief Administrator Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Facility Name: _____
Chief Administrator Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____
