

Service Company Permit Application Checklist

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|--|---|---|---------------------------|-----------------------|--------------|
| Type of Application | | <input type="checkbox"/> New <input type="checkbox"/> Renewal | | | |
| Name of Service Company | | | | | AZ # |
| DBA Name of Service Company, if applicable | | | | | |
| Name of analyst | | | Date application received | Date review completed | |
| Application Decision | | <input type="checkbox"/> Approve <input type="checkbox"/> Deny (reason for denial): | | | |
| Decided by: | | | Decision date: | Communication date: | |
| | Requirement | Statute | N/A | Meets | Fails |
| 1 | \$300 fee | R20-6-407(C)(2)(d) & (G)(1) | | | |
| 2 | Application Form E-800 & E-811 | R20-6-407(C) & (G)(1) | | | |
| a. | SECTION A: Applicant holds an ACC Certificate of Good Standing and the name exactly matches ACC record (http://ecorp.azcc.gov/Search) | R20-6-407(C) & (G)(1) | | | |
| b. | ALL: Every question on the application is answered | R20-6-407(C) & (G)(1) | | | |
| c. | SECTION F: The affidavit/attestation is complete and is signed by officer(s) of the applicant. | R20-6-407(C)(1)(g) | | | |
| d. | SECTION D, Item 2: If YES, explanation and documentation enclosed | | | | |
| e. | SECTION E, Item 4: Number of biographical affidavits provided match the reported count | R20-6-407(C)(2)(e) | | | |
| f. | Each biographical affidavit is fully completed, and information is consistent with NAIC RIRS/SAD and other information sources. | | | | |
| g. | For each biographical affidavit with a YES answer to a background question (NAIC Form 11, Item 11), application includes a copy of the complaint and the filed adjudication/settlement for each matter. | | | | |

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| | Requirement | Statute | N/A | Meets | Fails |
|----|---|--|-----------|-------|-------|
| 3 | Financial statements as of the most recent fiscal year end | R20-6-407(C)(2) & (G)(1) | | | |
| a. | Financial statements have been certified by officer(s) of the applicant | | | | |
| b. | Net Income – Current Income Statement <input type="checkbox"/> = SECTION C, Item 1 | | \$ | | |
| c. | Applicant provided non-consolidated GAAP balance sheets for the two preceding years | | | | |
| d. | Current Assets – Current Balance Sheet <input type="checkbox"/> = SECTION C, Item 2 | | \$ | | |
| e. | Current Liabilities – Current Balance Sheet <input type="checkbox"/> = SECTION C, Item 3 | | \$ | | |
| f. | Working Capital – Current Balance Sheet <input type="checkbox"/> = SECTION C, Item 4 | | \$ | | |
| g. | Owner’s Equity – Current Balance Sheet <input type="checkbox"/> = SECTION C, Item 5 | | \$ | | |
| h. | If the net income, working capital or owner/stockholder equity is negative, applicant included mitigation explanation | | | | |
| 4 | Trust deposit by <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Marketable securities <input type="checkbox"/> Surety bond | | | | |
| a. | \$100,000 <input type="checkbox"/> = SECTION E, Item 2 | 20-1095.04 | \$100,000 | | |
| b. | Amount of trust deposit (must be at least Line 4a) | | \$ | | |
| c. | For a surety bond (may include individual bonds or schedule or blanket forms of bonds): | NAIC# _____ of AZ-authorized insurer <input type="checkbox"/> Yes <input type="checkbox"/> No Form E-857 <input type="checkbox"/> Yes <input type="checkbox"/> No Attorney-in-Fact | | | |
| d. | For a certificate of deposit: | <input type="checkbox"/> Yes <input type="checkbox"/> No Form E125CD <input type="checkbox"/> Yes <input type="checkbox"/> No Two E150s forms <input type="checkbox"/> Yes <input type="checkbox"/> No Original CD | | | |
| e. | For a marketable security: | <input type="checkbox"/> Yes <input type="checkbox"/> No Custody Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No Form E125 | | | |