State of Hawaii – Insurance Divison
Department of Commerce and Consumer Affairs
P. O. Box 3614
Honolulu, Hawaii 96811-3614
For express mailing only:
335 Merchant Street – Room 213, Honolulu, Hawaii 96813

VEHICLE PROTECTION PRODUCT WARRANTOR REGISTRATION FORM

1. Full and Exact Name of Warrantor		2. FEIN
3. Trade Name (if applicable)		
4. Business Address (P. O. Box is not an acceptable Business Address):		
a) Street		b) Suite
c) City	d) State	e) Zip Code or Country
5. Phone Number ( ) Ext.	6. Fax Number ( )	
7. Business E-mail Address	8. Business Web Site Address	
9. Mailing Address:		
a) Street or P. O. Box		b) Suite
c) City	d) State	e) Zip Code or Country
10. Hawaii Agent for Service of Process (if other than warrantor)		
11. Business Address for Hawaii Agent for Service of Process (if other than warrrantor) (P. O. Box is not an acceptable Business Address):		
a) Street		b) Suite
c) City	d) State	e) Zip Code
12. Phone Number ( ) Ext.	13. Fax Number ( )	
14. FINANCIAL RESPONSIBILITIES "The performance of each warranty will be insured under a contractual liability reimbursement insurance policy issued by an insurer authorized to do business in the State of Hawaii in compliance with the financial security requirements of the Hawaii Revised Statutes §481R-5. I understand that failure by the warrantor to insure each warranty in compliance with the law will subject the warrantor to substantial fines and/or revocation or suspension of warrantor's authority to do business in the State of Hawaii."		
15. Signature of Officer of Corporation	16. Date Signed	
17. Print Name of Signer	18. Title/Position of Signer	

Submit the following with your completed registration form:

1. Evidence that business entity is registered with Hawaii Department of Commerce and Consumer Affairs – Business Registration Division (808-586-2727).
2. On a separate sheet, provide the identities of the warrantor's executive officer or officers directly responsible for the warrantor's vehicle protection product business.
3. On a separate sheet provide the name, address, and telephone number of any administrators designated by the warrantor to be responsible for the administration of vehicle protection product warranties in Hawaii.
4. A copy of each warranty form the warrantor proposes to use in Hawaii.
5. Applicable fees. Make check payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.