

**Department of Consumer & Business Services
Oregon Insurance Division - 5**

350 Winter St. NE
P. O. Box 14480
Salem, Oregon 97309
Phone (503) 947-7983

<p>Department action: Action Date: _____</p> <p><input type="checkbox"/> Withdrawn _____</p> <p>Analyst: _____</p> <p>Filing No: _____</p>

Transmittal and Product Standards for Service Contracts

*Required information to process the filing, if filing is incomplete the filing will be rejected.

Date: _____ Requested effective date: _____

Obligor Name: _____*

Contact Person: _____*

Company FEIN #: _____*

Contact Phone No: _____* (toll free if available)

Email address: _____*

Obligor has a: Reimbursement Policy 10K 20-F or 40 F Audited Financial Statement Bond

If Obligor has a Reimbursement Policy, identify name of Insurer: _____*

Form number of Reimbursement Policy approved by Oregon Insurance Division: _____* (not the policy number)

Filing options:

- via SERFF using the 3 following fields: **TOI - 33.000 Sub-TOI - 33.0004 Filing Type - Form**
- via CD with all documents separately attached as pdf documents
- via paper

Note: Any answers marked 'No' on this checklist need to be explained in the cover letter.

Compliance		Requirements
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Filing includes a filing description in SERFF or a cover letter?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cover letter includes all form numbers listed EXACTLY as they appear on the form or a forms list has been attached.
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	If filing by CD or paper, the filing includes a postage paid return envelope for the Division to return your copy of the coverletter and forms list?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	All service contract forms filed have their own unique form number in the bottom left corner of the form?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Filing includes this transmittal form, and all questions have been answered?

Compliance	Description	Reference
Yes <input type="checkbox"/> No <input type="checkbox"/>	This filing includes a Service Contract as defined by statute and rule.	ORS 646A.150 to 646A.172 OAR 836-200-0040
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the obligor someone who sold the merchandise; sells similar merchandise; is acting through the manufacturer; is acting through the seller?	ORS 646A.152(2)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Obligor registered in Oregon? Registered Obligor are listed on the Division website at: http://www4.cbs.state.or.us/ex/imd/reports/rpt/index.cfm?ProgID=REG8105	ORS 646A.154(2) & (3) OAR 836-200-0000
Yes <input type="checkbox"/> No <input type="checkbox"/> Page/Paragraph	Is the obligor clearly identified within form including address and phone number?	ORS 646A.156(2)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are these forms revising or replacing previously filed forms? If yes, a highlighted, annotated, red line, or side-by-side version of forms must be provided. If filing via SERFF please attach to the Supporting Documentation Tab.	
Yes <input type="checkbox"/> No <input type="checkbox"/> Page/Paragraph	This filing includes guarantor identification (the entity that will ensure faithful performance of an obligor's obligations to the contract holder), their address and phone number? – This can be the obligor, parent company, or a reimbursement policy issued by an admitted insurer in Oregon (e.g. Virginia Surety Company, Inc.). For obligors of home service agreements, this could be a bond.	ORS 646A.156(2) ORS 646A.154 OAR 836-200-0030
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the guarantor approved for this particular obligor?	ORS 646A.154
Yes <input type="checkbox"/> No <input type="checkbox"/>	The service contract states the terms, restrictions or conditions governing termination of the service contract by the service contract holder. This should include whether there will be a return of unearned premium, and if so how that return will be calculated.	ORS 646A.156 (7)
Yes <input type="checkbox"/> No <input type="checkbox"/> Page/Paragraph	Does the Arbitration clause (if there is one) comply with Oregon laws? There should be mutual agreement at the time of the dispute, arbitration should occur in Oregon (unless another location is mutually agreed upon), and arbitration should be according to Oregon laws.	ORS 36.600 to 36.740
Yes <input type="checkbox"/> No <input type="checkbox"/> Page/Paragraph	Contract explains how cancellation return premium is calculated?	ORS 646A.156(7)

Compliance	Description	Reference
Yes No <input type="checkbox"/> <input type="checkbox"/> Page/Paragraph	Contract specifies who returns the unearned premium to the contract holder?	ORS 646A.156(7)
Yes No <input type="checkbox"/> <input type="checkbox"/>	If a reimbursement policy is used to back the service contract, a copy of the reimbursement policy issued to the obligor named on this filing is included in this filing.	ORS 646A.154(5)(b)
Yes No <input type="checkbox"/> <input type="checkbox"/>	Filing includes a Certificate of Compliance (Form 440-3894) signed by the filer and an officer of the company.	OAR 836-010-0011(3)

Compliance	If a reimbursement policy is used to back the obligor then answer questions below.	Reference
Yes No <input type="checkbox"/> <input type="checkbox"/>	A reimbursement insurance policy insuring service contracts is defined by statute and shall conspicuously state, “that upon failure of the obligor to perform under the contract, the insurer who issued the policy shall pay on behalf of the obligor any sums the obligor is legally obligated to pay or shall provide the service that the obligor is legally obligated to perform. Forms clearly identify this information?”	ORS 742.390 (1) ORS 742.390 (2)(b) OAR 836-200-0040
Yes No <input type="checkbox"/> <input type="checkbox"/>	Forms state that Cancellation notice must be given to DCBS 30-days prior to cancellation effective date. Termination of a service contract reimbursement policy shall not occur until a notice of termination has been mailed or delivered to the Director of the Department of Consumer & Business Services. This notice must be mailed or delivered at least 30 days prior to the date of termination.	ORS 742.392
Yes No <input type="checkbox"/> <input type="checkbox"/>	Termination of a reimbursement insurance policy shall not reduce the issuer’s responsibility for service contracts sold by or on behalf of obligors prior to the date of the termination.	ORS 742.392
Yes No <input type="checkbox"/> <input type="checkbox"/>	Forms state the insurer’s responsibility shall include claims against the obligor for return of the unearned purchase price of the service contract, and how a cancellation return premium is calculated.	ORS 742.390 (2) (b) OAR 836-200-0040 (2)
Yes No <input type="checkbox"/> <input type="checkbox"/>	Forms state that “for the purposes of payment under a reimbursement insurance policy, an obligor fails to perform under the service contract when the obligor fails to perform as agreed in the service contract by a date that is not later than the 60 th day after the date of the demand for performance or by a date specified in the service contract for performance, whichever date is earlier.”	OAR 836-200-0040 (3) OAR 836-200-0030 (11) & (12)

FORM FILING SCHEDULE

#	Form Name	Form Number (Including edition date)	Status	If replacement, give form # it replaces
1			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	
2			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	
3			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	
4			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	
5			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	
6			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	
7			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	
8			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	
9			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	
10			<input type="checkbox"/> New form <input type="checkbox"/> Replacement	