



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: _____

Addresses (Physical & Mailing): _____

City: _____ State: _____ Zip: _____ 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 or officers 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 attach the following to this registration form:

- A true and correct copy of the warranty reimbursement insurance policy that complies with Tenn. Code Ann. § 56-55-106;
- Two (2) sample copies of each warranty the warrantor proposes to use in this state;
- List of executive officers;
- Pay application fee in the amount of \$515.00 with a check made payable to TN Department of Commerce & Insurance or by EFT (See attached);
- The Uniform Consent to Service of Process is located at the following web address: https://www.tn.gov/content/dam/tn/commerce/documents/insurance/forms/industry_ucaa_form12_040209.pdf;
- A self-addressed, stamped envelope if you wish to receive copies of approved warranties.

The warrantor is responsible to 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 _____, 20_____.

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

ABA: **084000026**

Acct# **184503761**

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**

ABA: **064107091**

Acct# **87333502000**

Please describe your payment in the addenda lines available.

Attn: Edward.DOvidio@tn.gov

Edward D'Ovidio

Accounting Manager

Dept. Commerce and Insurance

500 James Robertson Pkwy. 11th Flr

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