

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 Renewal Form Pursuant to Tenn. Code Ann. § 56-55-101 et seq.

Name of Warrantor:				
		Contact Email Address:		
Company Physical Address:	City:	State:	Zip:	
Company Mailing Address:	City:	State:	Zip:	
Company Phone Number:	Claims Phone	e Number:		
Fax Number: F	EIN :			
Attach a separate sheet listing any other names "under whoffice address and phone number of each. Please list below the names of the warrantor's executive of				
business. Attach a separate sheet if needed.				
Warrantor's Executive Officer:				
Address:				
Phone Number:	Fax Number:			
Third Party Administrator(s) responsible for the administrat	ion of the warrantor's vehic	ele protection product:		
Address:	City:	State:	Zip:	
Phone Number:	Fax Number:			
The warrantor must renew the registration annually an Tenn. Code Ann. §56-55-104(d), if a registrant fails to proshall give the registrant written notice of the failure. The of such notice to complete the renewal of the registrate require any additional notice or a hearing. Any registrate The Warrantor must submit the following with this renewal	operly renew its registrati e registrant shall then have ration before the registra ant with a revoked registr	on by July 1 of each year ve thirty (30) days from th tion is revoked. Such re ation must reapply for a	, the Commissioner ne date of its receipt evocation does not	
Ins.Policy.Analysis@tn.gov.):	,	,		
 A true and correct copy of the warranty reimburs One (1) sample copy of each new warranty the v List of executive officers; Pay renewal fee in the amount of \$515.00 by (1) Insurance along with this application or (2) by EF Complete the Uniform Consent to Service of Pro https://www.tn.gov/content/dam/tn/commerce/do 	varrantor proposes to use in submitting a check made p FT (see attached); acess, which is located at th	n this state; payable to TN Department e following web address:	of Commerce &	
Signature of Warrantor's Executive Officer				
Signed:	Date	c		
Subscribed and sworn to before me this day of	,	20		

My Commission Expires: ___

Signature of Notary Public

State of Tennessee: Department of Commerce and Insurance

This is the banking information <u>your bank will require</u> 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

Please call 615-532-5340 for the routing and account numbers.

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
Please call 615-532-5340 for the routing and account numbers.

Please describe your payment in the addenda lines available-

Attn:

Accounting Manager Dept. Commerce and Insurance 500 James Robertson Pkwy. 11th Floor 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