



**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 \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Email Address \_\_\_\_\_  
Company Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_ Claims 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(s) 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 submit the following with this registration form (Documents may be submitted, via email, to Ins.Policy.Analysis@tn.gov):

- A true and correct copy of the warranty reimbursement insurance policy that complies with Tenn. Code Ann. § 56-55-106;
- One (1) sample copy of each warranty the warrantor proposes to use in this state;
- List of executive officers;
- Pay application fee in the amount of \$515.00 by (1) submitting a check made payable to TN Department of Commerce & Insurance along with this application or (2) by EFT (see attached);
- Complete the Uniform Consent to Service of Process, which is located at the following web address:  
[https://www.tn.gov/content/dam/tn/commerce/documents/insurance/forms/industry\\_ucaa\\_form12\\_040209.pdf](https://www.tn.gov/content/dam/tn/commerce/documents/insurance/forms/industry_ucaa_form12_040209.pdf);

**The warrantor must 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 \_\_\_\_\_.

\_\_\_\_\_  
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

**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. 11<sup>th</sup> 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