



Dipåtamenton Kontribusion yan Adu'åñå
DEPARTMENT OF
REVENUE AND TAXATION
GOVERNMENT OF GUAM Gubetnamenton Guåhan

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**LICENSE APPLICATION CHECKLIST FOR
NEW SERVICE CONTRACT PROVIDER**

Company Name and Contact Person: _____

Email Address & Contact Number: _____

- // Copy of Company's Registration in Guam.
- // Business License Application for Service Contract Provider.
- // Audited Financial Statements for two (2) most recent years. A fee of \$25.00 each statement to be deposited in Better Public Service Fund. (Field Receipt to be issued by Insurance & Banking Div-GL a/c#: 3628-60803)
- // Copy of Service Contract Form (Contract between Consumer and Service Contract Provider. The Contract must reflect on-island contact person and telephone number to call).
- // \$250.00 - Fee for Service Contract Provider License. (Field Receipt to be issued by General Licensing Division- G/L a/c#: 3628-60802).
- // Insurance Company Bond (40K minimum) or Deposit Agreement in Lieu of Bond.

OR

- // Copy of the Contractual Policy –contract between an Insurer and Service Contract Provider under the following conditions:
 - Insurance Company must have active license in Guam
 - Policy must be signed by a resident general agent in Guam
 - Policy form/(s) must be filed via SERFF and approved by the Insurance Commissioner's Office.
- // Tax Clearance

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