

Part A

STATE OF _____

**DEPARTMENT OF INSURANCE PURCHASING GROUP
NOTICE AND REGISTRATION**

(All information should be typed)

1. Name and Federal EIN (if applicable) of the Purchasing Group.

Name: _____ EIN: _____

2. List any other name(s) by which the Purchasing Group is known or may be doing business in this State or any other State:

3. a) Form of organization (i.e., corporation, partnership, association) and the state in which organized:

- b) Purpose(s) of organization:

4. a) The Purchasing Group is domiciled in the State of: _____

b) Address: _____

5. Physical address of the administrative offices of the Purchasing Group, if different from response to #4b above:

6. The Purchasing Group intends to purchase the classifications of liability insurance and/or sub-classifications thereof:

PURCHASING GROUP FORM

7. The Purchasing Group intends to purchase the liability insurance described in item #6 above from the following insurance company or companies: [Give full name of the company, state of domicile, NAIC #, and Federal Employer Identification Number (EIN)].

<u>Name of Company</u>	<u>Dom</u>	<u>NAIC #</u>	<u>EIN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. List the name, address, social security number (SSN) of each officer and director of the Purchasing Group. (Attach additional pages if necessary.)

<u>Name</u>	<u>Address</u>	<u>SSN</u>	<u>Position within PG</u>
_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

9. List the name, SSN, address and telephone number of the person within the Purchasing Group who is most knowledgeable about the Purchasing Group's insurance program, including membership criteria and coverages.

<u>Name</u>	<u>SSN</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____	_____

10. List the name, EIN, address and telephone number of the company that manages or administers the insurance program for the Purchasing Group, and the name, SSN, address and telephone number of the person responsible for the group's insurance program: (if none, answer none.)

<u>Name</u>	<u>EIN/SSN</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____	_____

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11. List the name(s), SSN, and address(es) of the licensed insurance producer or surplus lines broker(s) responsible for the purchase of liability insurance for the Purchasing Group and its members and the state(s) in which they are licensed: (Attach additional pages, if necessary. If none, answer none.)

<u>Name</u>	<u>SSN</u>	<u>Address</u>	<u>State</u>

12. Has any person transacting business on behalf of this Purchasing Group ever:

- a) Been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person? yes no
- b) Had any application for a professional, vocational or business license denied? yes no
- c) Had any such license suspended or revoked? yes no
- d) Withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? yes no

If the answer to any part of this question is yes, attach a supplementary statement explaining in full each such occurrence.

13. The Purchasing Group is composed of members whose business or activities are similar or related with respect to the liability to which members are exposed by virtue of any related, similar, or common business, trade, product, services, premises or operations. Give a General Description of Business or activities engaged in by Purchasing Group members.

14. The Purchasing Group purchases such liability insurance listed in Item #6 above only for its group members and only to cover their similar or related liability exposure, as described in Item #13 above.

15. The Purchasing Group has as one of its purposes the purchase of liability insurance on a purchasing group basis.

16. The Purchasing Group has designated the Insurance Commissioner [Director, Superintendent] of this state to be its agent solely for the purpose of receiving services of legal documents or process by executing Part B of this form, attached hereto.

17. The Purchasing Group has submitted a registrations fee of **\$150.00**, payable to the **Delaware Department of Insurance**.

18. The Purchasing Group will not purchase any insurance policy in this state which provides coverage prohibited generally by statute of this state or declared unlawful by the highest court of this state whose law applies to such policy.

19. The Purchasing Group will comply with all other applicable state laws.

20. The Purchasing Group will notify the Insurance Commissioner [Director, Superintendent] of any subsequent changes in any of the items included in this form.

The Undersigned hereby swear and affirm that the foregoing statements and information regarding their principal, the _____ are true and correct.

(Name of Purchasing Group)

President and Director of the Purchasing Group

State of _____)

)

ss:

County of _____)

Sworn before me this _____ day of _____, _____.

_____, Notary Public. My Commission Expires: _____