

## Application for Registration as a Purchasing Group

(All information should be typed)

1. List the exact name of the Purchasing Group.  
\_\_\_\_\_  
\_\_\_\_\_
2. Indicate the form of organization or incorporation.  
\_\_\_\_\_
3. The Purchasing Group is domiciled in the State of :  
\_\_\_\_\_
4. List any other names under which the Purchasing Group is or may be doing business in the state or any other state if different than above.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List the complete physical address of the Purchasing Group.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. List the name, address and telephone number of the principal staff person or officer of the purchasing group who has knowledge of its insurance program, including membership criteria, coverages, and key personnel of the group's administrator and insurance carrier.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6A. List the name, address, and telephone number of the firm that acts as the administrator of the purchasing group and the name of the principal account executive responsible for the group's insurance program. (If none, answer none.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6B. List the name, address, and telephone number of the principal agent or broker responsible for the sale or purchase of the group's liability insurance. (If none, answer none.)

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7. List the names, addresses, and occupations of the principal officers and directors of the Purchasing Group. Attach additional pages if necessary.

Principal Officers

Principal Directors

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8. The Purchasing Group is composed of members whose business or activities are similar or related with respect to the liability to which are exposed by virtue of any related, similar, or common business, trade, product, services, premises or operations. Give general description of business or activities engaged in by purchasing group members:

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

10. The Purchasing Group purchases such liability insurance only for its members and only to cover their similar or related liability exposure, as described in item (8) above.

11. The Purchasing Group intends to purchase the following lines and classifications of liability insurance:

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12A. The Purchasing group intends to purchase the liability insurance described in item (11) above from the following insurance company or companies. Five full name of company, state of domicile and FEIN. Attach additional pages if necessary.

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12B. Minnesota requires that the liability insurance carrier for a Purchasing Group be one of the following: licensed insurer admitted to Minnesota (licensed), or an insurer approved as an eligible surplus lines insurer in Minnesota and transacting business through a licensed agent (eligible surplus), or the insurer is properly registered as a risk retention group in Minnesota (registered risk retention). Other carriers, including ineligible surplus lines insurers, are not acceptable. State the type of authority (licensed, listed in item 12A above.

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13. List the name and address of the licensed agent or broker through whom purchases will be effected. Complete this item only if purchase of insurance is to be made from a surplus lines insurer, rather than from a licensed insurer.

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14. If the purchasing group transacts insurance business by means of a "direct offering" (without using insurance agents to market its program), list the name and address of each person not listed in (13) above who will be transacting business on behalf of the purchasing group. (You need not include the names of licensed insurance agents duly appointed by an admitted insurer.)

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15. 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? \_\_\_\_\_
- (B) had denied any application for a professional, vocational or business license? \_\_\_\_\_
- (C) had suspended or revoked any such license? \_\_\_\_\_
- (D) had withdrawn or surrendered any such application or license to avoid Potential disciplinary action against licensee? \_\_\_\_\_

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

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

\_\_\_\_\_  
President or Chief Executive Officer

\_\_\_\_\_  
Secretary

Sworn before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public, State of \_\_\_\_\_  
My commission Expires \_\_\_\_\_

**STATE OF MINNESOTA**

**APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE**

The \_\_\_\_\_, a Purchasing group (called the Group) duly organized under the laws of the State of \_\_\_\_\_, appoints the Commerce Commissioner of the State of Minnesota, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any have the same legal validity as if served personally upon the group.

The Group gives the Commerce Commissioner and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the group could do if personally present, and ratifies all that the Commerce Commissioner shall lawfully to under the power granted by this appointment. This authority may be withdrawn only upon written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 4 (e) of the Liability Risk Retention Act of 1986.

The Group designates [ \_\_\_\_\_ ] whose address is [ \_\_\_\_\_ ] as the person to who process against the Group served upon the Commissioner shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, the Group pursuant to a resolution duly adopted by its Board of directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed to it at the City of \_\_\_\_\_, State of \_\_\_\_\_, this day of \_\_\_\_\_, 20\_\_\_\_.

Attest:

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
(Name of Risk Retention Purchasing Group)

By

\_\_\_\_\_  
President