



85 7th Place East - Suite 280 - Saint Paul, MN 55101

Please direct all inquiries to the following.
Selfinsurance.commerce@state.mn.us

Application for Risk Purchasing Group.

According to Minnesota Statutes § 60E.07 – 60E.10

Please provide the following information:

- 1) List the exact name of the Risk Purchasing Group.
- 2) List any other names under which the Risk Purchasing Group is or may be doing business as in the state or any other state if different from above name.
- 3) Indicate the form of organization.
- 4) Domicile state of the Risk Purchasing Group.
- 5) List the complete physical address of the Risk Purchasing Group.
Street:
City:
State:
Zip:
- 6) List the name, address, email, and telephone number of the principal staff person or officer of The Risk Purchasing Group who has knowledge of its insurance program, including membership criteria, coverages, and key personnel of the group's administrator and insurance carrier.
If address is the same as item 5 write same under street.
Name:
Street:
City:
State:
Zip:
Email:
Phone:

7) List the name, address, email, and telephone number of the designated contact of the Risk Purchasing Group. If address is the same as item 5 write same under street.

Name:

Firm/Company:

Street:

City:

State:

Zip:

Email:

Phone:

8) List the name, address, email, and telephone number of the principal agent or broker responsible for the sale or purchase of the group's liability insurance. If address is the same as item 5 write same under street.

Name:

Street:

City:

State:

Zip:

Email:

Phone:

Please provide a copy of the agents license in the state of domicile.

9) List the names and positions of the principle directors of the Risk Purchasing Group.

Name	Position

10) The Risk 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 a general description of the business or activities engaged in by Purchasing Group members.

11) Does the Risk Purchasing Group have as one of its purposes the purchase of liability insurance on a Risk Purchasing Group basis?

12) Does the Risk Purchasing Group purchase such liability insurance only for its members and only to cover their similar or related liability exposure, as described in item 10 above?

13) The Risk Purchasing Group intends to purchase the following lines and classifications of liability insurance.

- 1.
- 2.
- 3.
- 4.

14) The Risk Purchasing Group intends to purchase the liability insurance described in item 13 above from the following insurance companies. Provide full name of the company's state of domicile and NAIC and FEIN numbers.

Full Company Name	State Of Domicile	FEIN #	NAIC #	Type of Insurer

15) If the purchase of insurance is to be made from a surplus line insurer, list the name, address and email, of the licensed agent or broker whom purchases will be affected.

Name:
Street:
City:
State:
Zip:
Email:

16) If the Risk Purchasing Group transacts insurance business by means of a “direct offering” (without using insurance agents to market its program) list the name, address and email of each person who will be transacting business on behalf of the Risk Purchasing Group.

1) Name:
Street:
City:
State:
Zip:
Email:

2) Name:
Street:
City:
State:
Zip:
Email:

3) Name:
Street:
City:
State:
Zip:
Email:

17) Has any person transacting business on behalf of this Risk 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 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 license.

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

Please sign and notarize the following,

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 ATTOENEY TO ACCEPT SERVICE

The _____, a Risk 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 Purchasing Group)

By

President