



OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

John W. Oxendine, Commissioner

2 Martin Luther King Jr., Dr., Suite 708, West Tower, Atlanta, GA 30334

Phone: 404-656-2060



www.gainsurance.org

SPECIAL PROJECTS UNIT

GID-211-EN JAN09

PURCHASING GROUP NOTICE AND REGISTRATION

PART A – NOTICE AND REGISTRATION

1. Name of the Purchasing Group:

FEIN:

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:

Other Name(s):

State:

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

3b. Purpose(s) of organization:

4. The Purchasing Group is domiciled in the state of:

State	Address:
<input type="text"/>	<input type="text"/>

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

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

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 company, state of domicile, NAIC code and Federal Employer Identification Number (FEIN)].

Name of Company	State of Domicile	NAIC Code	FEIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name	SS#	Address	Purchasing Group
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. List the name, SS#, 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 coverage:

Name	SS#	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address			

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

Name	FEIN/SS#	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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11. List the name(s), SS# (s) and address(es) of the licensed insurance agent(s), broker(s) or excess (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)

Name	SS#	Address	State

12. Has any person transacting business on behalf of this Purchasing Group ever:
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| a) been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person ? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) had denied any application for a professional, vocational or business license? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) had suspended or revoked any such license? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) had withdrawn or suspended any such application or license to avoid potential disciplinary action against licensee? | <input type="checkbox"/> | <input type="checkbox"/> |

* 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 businesses 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 the 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 group basis.
16. The Purchasing Group has designated the Insurance Commissioner [Director, Superintendent] of this State to be its agent solely for the purpose for receiving service of legal documents or process by executing Part B of this form, attached hereto.
17. The Purchasing Group has submitted a registration fee of \$ 100.00, if applicable, payable to the Insurance Commissioner [Director, Superintendent] of this State.
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

By President: _____

By Secretary: _____

CORPORATE SEAL

State of: _____
 County of: _____

Sworn before me this _____ day of _____

Notary Public: _____
 My Commission Expires _____

NOTARY SEAL



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PURCHASING GROUP NOTICE AND REGISTRATION

PART B – APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE AND DESIGNATION

The _____ (“the Group”), a purchasing group organized under the laws of the State of _____, having notified the Insurance Commissioner [Director, Superintendent] of the State of its intention to do business in this State as a purchasing group pursuant to the federal Liability Risk Retention Act of 1986, hereby appoints the Insurance Commissioner [Director, Superintendent] of the State of _____ any successor in office, any authorized deputy its true and lawful attorney, in and for the State of _____, upon whom all legal documents or proceeding against it may be served. Such service of process shall be of the same legal force and validity as if served personally upon the Group. The group designates:

Name _____
 Address _____
 City _____
 State _____
 Zip Code _____

as its officer, agent or other person to whom shall be forwarded all legal documents or process served upon the Insurance Commissioner [Director, Superintendent] of the State of _____, any successors in office, any authorized deputy, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner [Director, Superintendent]. This appointment and designation is made pursuant to a resolution by the Group’s governing body authorizing it, and a certified copy of the resolution is attached hereto. This appointment shall be binding upon any person or corporation which as successor acquires the Group’s assets or assumes its liabilities, by merger or consolidation or otherwise.

This appointment may be written only upon a written notice of termination and, in any event, shall not be terminated by the Group or its successor as long as any contracts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in this State are in effect.

IN WITNESS OF THIS APPOINTMENT AND DESIGNATION, the Group, in accordance with the resolution of its Board of Directors duly passed on _____ has affixed its corporate seal, and caused the same to be subscribed and attested in its name by its _____ President and Secretary, at the City of _____ in the State of _____ on _____, _____.

Name of Purchasing Group: _____

By President: _____

By Secretary: _____

CORPORATE SEAL

State of: _____

County of: _____

Sworn before me this _____ day of _____, _____

Notary Public: _____

My Commission Expires _____

NOTARY SEAL