



John D. Doak
INSURANCE COMMISSIONER
STATE OF OKLAHOMA
Oklahoma Insurance Department – Financial Division
3625 N.W. 56th Suite 100
Oklahoma City, Oklahoma 73112
Attn: Lauren Bouse
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(405) 521-3966 • FAX (405) 522-2640
Toll Free (In State) 1-800-522-0071
Date: _____

NEW PURCHASING GROUP – APPLICATION

Please remit a registration fee of \$400
For new registration remit \$10 for UCAA Form

NOTICE TO THE COMMISSIONER---DESIGNATION AND REGISTRATION OF AGENT
(Title 36 O.S. § 6453-§6468)

(Please Submit this Notice and Registration in Typewritten Form)

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:
 - 3a. Federal Tax Identification #
4. List any other names under which the Purchasing Group is or may be doing business in this State or any other State, if different than above.
5. List the complete physical address of the Purchasing Group. (No P.O. Boxes will be accepted)
Address: _____ City _____ State _____ Zip _____
6. List the mailing address of the Purchasing Group.
Address: _____ City _____ State _____ Zip _____

- 6a. List the name, address, telephone number and email address of the *primary contact for the Purchasing Group Registration application and future renewals*.

Name: Phone: Email Address:
Address: City State Zip

- 6a. List the name, address, telephone number *and email address* 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.

Name: Phone: Email Address:
Address: City State Zip

- 6b. List the name, address, and telephone number of the firm that acts as the administrator of the purchasing group and the name *and email address* of the principal account executive responsible for the group's insurance program. (If none, answer "none". Do not leave this question blank.)

Name: Phone: Email Address:
Address: City State Zip

- 6c. List the name of the principal agent or broker responsible for the sale or purchase of the group's liability insurance. (If none, answer "none". Do not leave this question blank.)

Name:

7. List the name, address, telephone number and occupation of each principal officer and director of the Purchasing Group. Attach additional pages as needed.

Principal Officers

Principal Directors

8. The Purchasing Group must be 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, service, premises, or operations. Give a general description of business or activities engaged in by the Purchasing Group members.

9. Does the Purchasing Group have as at least one of its purposes the purchase of liability insurance on a purchasing group basis? YES NO
10. Does the Purchasing Group purchase liability insurance ONLY for its members and ONLY to cover their similar or related liability exposure? YES NO

11. Please list the lines and classifications of insurance that the Purchasing Group intends to purchase from an insurer or surplus line broker licensed to transact insurance in this State.

12. Please list the insurer, or risk retention group or surplus lines broker from which the Purchasing Group intends to purchase the lines and classifications of insurance described in question 11 above. (You must include the insurer's full name, state of domicile, and Federal Employer Identification Number.)

13. Indicate who will be responsible for payment of premium taxes, the Insurer, Surplus Lines Broker, or Risk Retention Group. If an insurer, record the agent name, address and license number. If a Surplus Lines Broker will be used to affect the insurance designate the brokers name, address and license number. If a Risk Retention Group will be used, report "See line 12 above".

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 question 13 above who will be transacting business on behalf of the Purchasing Group. (You will not need to include the names of insurance agents duly licensed and appointed by an Oklahoma admitted insurer.)

