Print Form

JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Oklahoma Insurance Department
3625 N.W. 56th Suite 100
Oklahoma City, Oklahoma 73112
Attn: Gail LoPresto
(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

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 that above.

_____
_____
_____

5. List the complete **physical** address of the Purchasing Group. (No P.O. Boxes will be accepted)

_____
_____
_____
_____

(Revised 04/10)

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.

_____
_____
_____

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.)

_____
_____
_____
_____

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.)

_____
_____
_____
_____

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.)

_____
_____
_____
_____
_____

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

(A) been arrested, indicted, or convicted of a felony, or is a felony charge currently pending against any such person? _____YES _____NO

(B) been suspended, revoked, refused renewal, fined, or had any other adverse action taken against an application or a license involving any profession, vocation, or business? _____YES _____NO

(C) had any application or license withdrawn or surrendered in order to avoid potential disciplinary or administrative action against them? _____YES _____NO

If the answer to any portion of question number 15 is "YES", attach a separate letter providing full explanation and all documents pertaining to each occurrence.

We do hereby swear and affirm that the aforementioned statements and information contained in this Notice and Registration concerning _____, a Purchasing Group, are true and correct.

_____
President or Chief Executive Officer

_____
Secretary

COUNTY_____

STATE_____

Sworn to before me this

_____ day of _____, 20_____.

Seal

_____
Notary Public

My Commission Expires _____

Notary #_____

(Revised 04/10)