

# OKLAHOMA INSURANCE DEPARTMENT

## Financial Division PURCHASING GROUP – CHECK LIST (Title 36 O.S. § 6453-§ 6468)

For New Application

Name of Purchasing Group: \_\_\_\_\_

SBS # \_\_\_\_\_ FEIN# \_\_\_\_\_

.....  
(for Departmental use: check the items received)

\_\_\_ 1. Notice and Registration.

\_\_\_ 2. All lines on the Registration Form were completed, signed by the Secretary and President, dated, and notarized.

\_\_\_ 3. Received **\$400** registration fee. Ck No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ 4. If a new application only: Received Purchasing Group Designation of Agent and **\$10 fee**.  
Ck No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ 5. Does line 13 indicate who will be responsible for payment of premium taxes? If an agent or surplus lines broker was reported on line 13, is the agent/broker licensed in Oklahoma? License # \_\_\_\_\_ Is the agent appointed by the insurer?

\_\_\_ 6. Has the Company's President & Secretary signed the Agent for Service of Process form with the Board of Directors Resolution received and signed by the Purchasing Group's Secretary?

\_\_\_ 7. Was a "**certified**" certificate of compliance received from the Purchasing Group's state of domicile? And does the name on the Application agree with the Certificate of Compliance?

\_\_\_ 8. If an insurer, broker, or risk retention group is shown on line 12, is the company licensed in Oklahoma? License # \_\_\_\_\_

\_\_\_ 9. If any item under line 15 is answered "yes" attach a separate letter of explanation.

\_\_\_\_\_

File is complete: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 06/14