JOHN D. DOAK

INSURANCE COMMISSIONER
STATE OF OKLAHOMA
Oklahoma Insurance Department
3625 N. W 56th Suite 100
Oklahoma City, Oklahoma 73112
Attn: Lauren Bouse
Lauren.bouse@oid.ok.gov
(405) 521-3966 • FAX (405) 522-2640
Toll Free (In State) 1-800-522-0071
Date:_____

PURCHASING GROUP --- LICENSE RENEWAL

(Title 36 O.S. § 6465)

License #_____ **Federal Tax Identification #**_____

Name of Purchasing Group: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Renewal Contact Person:_____

Renewal Contact Phone:_____ Email:_____
……..

1. Please remit a registration fee of **$400.**
2. If the Designation of Agent has changed since you last filed, complete a new "Designation of Agent" Form 6.

3. ***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, insurance offered, and key personnel of the group's administrator and insurance carrier.

Name: _____

Address: _____

City: _____State: _____Zip:_____

Tele #: _____ Email: _____

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

Firm: _____

Account Executive: _____

Address_____State_____Zip_____

Tele #_____ Email_____

5. ***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.)

Agent/Broker: _____

Address_____State_____Zip_____

Tele #_____ Email_____

6. 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	Occupation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Principal Directors	Occupation

7. 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.

_____
_____
_____

8. Does the Purchasing Group have as at least one of its purposes the purchase of liability insurance on a purchasing group basis? _____YES _____NO

9. Does the Purchasing Group purchase liability insurance ONLY for its members and ONLY to cover their similar or related liability exposure? _____YES _____NO

10. Please list the lines of insurance that the Purchasing Group purchases from an insurer, a surplus line broker or a Risk Retention Group licensed to transact insurance in this State.

_____
_____
_____

11. List the insurer/risk retention group/or surplus lines broker from which the Purchasing Group purchases the lines and classifications of insurance described in question 10 above. (include the full name, state of domicile, and Federal Employer Identification Number.)

_____
_____
_____

12. 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 11 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 licensed insurer.)

_____
_____
_____

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 line12 above." _____
_____
_____

14. 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 13 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 are true and correct.

_____
President or Chief Executive Officer

_____
Secretary

COUNTY_____

STATE_____

Sworn to before me this

_____ day of _____, 20_____.

_____
Notary Public

My Commission Expires _____

Notary #_____