

**STATE OF IDAHO
DEPARTMENT OF INSURANCE**

APPLICATION FOR REGISTRATION AS A PURCHASING GROUP
(All information should be typed)

1a. List the exact name of the Purchasing Group.

1b. FEIN: _____

2. Indicate the form of organization or incorporation.

3. The Purchasing Group is domiciled in the State of:

4. List any other names 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.

6. List the name, address and telephone number 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.

7. List the name, address and telephone number 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.)

8. 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.)

9. List the names, addresses, and occupations of the principal officers and directors of the Purchasing Group. Attach additional pages if necessary.

Principal Officers	Principal Directors
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10. The Purchasing Group is 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, services, premises or operations. Give a general description of business or activities engaged in by purchasing group members:

11. The Purchasing Group has as one of its purposes the purchase of liability insurance on a purchasing group basis. (Y/N)___

12. The Purchasing Group purchases such liability insurance only for its members and only to cover their similar or related exposure, as described in item (10) above. (Y/N) _____

13. The Purchasing Group intends to purchase the following lines and classifications of liability insurance:

14. The Purchasing Group intends to purchase the liability insurance described in item (11) above from the following insurance company or companies. Give full name of company, state of domicile and FEIN:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. List the name and address of the licensed agent or broker through whom purchase will be effected. Complete this item only if purchase of insurance is to be made from a surplus lines insurer, rather than from a licensed insurer.

16. 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 (15) above who will be transacting business on behalf of the purchasing group. (You need not include the names of licensed insurance agents duly appointed by an admitted insurer.)

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

(A) been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person? (Y/N)_____

- (B) had denied any application for a professional, vocational or business license? (Y/N)_____
- (C) had suspended or revoked any such license? (Y/N)_____
- (D) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? (Y/N)_____

If the answer to any part of this question is yes, attach a supplementary statement explaining in full each such occurrence.

- 18. The Purchasing Group has designated the Idaho Insurance Director to be its agent solely for the purpose of receiving service of legal documents or process. (Y/N)_____ (Please use Appointment of Attorney to Accept Service form provided with this application)
- 19. Fees totalling \$100.00 for registration of purchasing group and appointment of the Director as agent for service of process must be submitted with this application.
- 20. Attach to this application a current Certificate of Good Standing from the group's state of domicile.

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

President or Chief Executive Officer

Secretary

SWORN TO BEFORE me on this _____ day of _____, 20____.

NOTARY PUBLIC FOR _____
Residing at _____
My Commission Expires _____

STATE OF IDAHO
DEPARTMENT OF INSURANCE
APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The _____, a Purchasing Group (called the Group) duly organized under the laws of the State of _____, appoints the Insurance Director of the State of Idaho, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it which is served upon this attorney shall have the same legal validity as if served personally upon the Group.

The Group gives the Insurance Director and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in Idaho. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 4(e) of the Liability Risk Retention Act of 1986.

The Group designates _____ whose address is _____ as the person to whom process against the Group served upon the Director shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, the Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed at the City of _____, State of _____ this _____ day of _____, 20____.

Attest:

Secretary

(Name of Purchasing Group)

By:

President