



**Risk Purchasing Group  
Notice and Registration Application**

**Part A:**

All questions must be answered. If a question is not applicable or the answer is none, please indicate as such.

1. Name of Applicant \_\_\_\_\_

2. FEIN \_\_\_\_\_

3. Applicant Main Company Contact information:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

4. List any other name(s) by which the Applicant is known or may be doing business as in this State or any other jurisdiction.

\_\_\_\_\_

5. Form of organization (i.e., corporation, partnership, association, etc.) and the state in which organized.

\_\_\_\_\_

6. Purpose(s) of organization.

\_\_\_\_\_

7. The Applicant is domiciled in the state of \_\_\_\_\_

8. List the states in which the Applicant intends to do business.

\_\_\_\_\_

9a. Applicant's Mailing Address:

• Address \_\_\_\_\_

• City \_\_\_\_\_

• State \_\_\_\_\_

• Zip Code \_\_\_\_\_

9b. Applicant's Statutory Home Office Address:

• Address \_\_\_\_\_

• City \_\_\_\_\_

• State \_\_\_\_\_

• Zip Code \_\_\_\_\_

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9c. Applicant's Main Administrative Office Address:

- Address \_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_
- Zip Code \_\_\_\_\_

10. The Applicant intends to purchase the following classifications of liability insurance and/or subclassifications thereof:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. The Applicant intends to purchase the liability insurance described in Item 10 above from the below insurance company or companies: (Indicate whether the insurance company or companies is a licensed insurer or a surplus lines insurer ("SLI").)

Name of Company	State of Domicile	NAIC CoCode	FEIN	Licensed or SLI

12. List the name, address, social security number ("SSN"), and position of each officer and director of the Applicant. (Attach additional pages, if necessary.)

Name	Address	SSN	Position

13. List the name, SSN, address, and telephone number of the person(s) within the Applicant who is most knowledgeable about the Applicant's insurance program, including membership criteria and coverages. (Attach additional pages, if necessary.)

Name	SSN	Address	Telephone Number

14. List the name, FEIN, address, and telephone number of the company that manages or administers the insurance program for the Applicant

Name	FEIN	Address	Telephone Number

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15. List the name, SSN, and telephone number of the person responsible for the Applicant's insurance program.

Name	SSN	Address	Telephone Number

16. List the name(s), SSN(s), and address(es) of the licensed insurance agent(s), broker(s), or surplus lines broker(s) responsible for the purchase of liability insurance for the Applicant and its members and the state(s) in which they are licensed. (Attach additional pages, if necessary.)

Name	SSN	Address	State Licensed

17. Has any person transacting business on behalf of the Applicant ever:

a. Been arrested, indicted and convicted of a felony, or is a felony charge currently pending against any such person?

Yes \_\_\_\_\_ No \_\_\_\_\_

b. Had denied any application for a professional, vocational or business license?

Yes \_\_\_\_\_ No \_\_\_\_\_

c. Had suspended or revoked any such license?

Yes \_\_\_\_\_ No \_\_\_\_\_

d. Had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any part of this Item 17 is yes, attach a supplementary statement explaining in full each such occurrence.

18. The Applicant is composed of members whose businesses 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 the Applicant's members.

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**Part B:**

**Appointment of Attorney to Accept Service and Designation**

\_\_\_\_\_ (the "Group"), a risk purchasing group organized under the laws of the State of \_\_\_\_\_, having notified the Insurance Commissioner of the State of North Carolina of its intention to do business in this State as a risk purchasing group pursuant to the Federal Liability Risk Retention Act of 1986, appoints the Insurance Commissioner of the State of North Carolina, and his or her successors in office, to be its true and lawful attorney, in and for the State of North Carolina, 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 force and validity as if served personally upon the Group.

The Group gives the Insurance Commissioner of the State of North Carolina, and his or her successors in office, 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 is lawfully done under the power granted by this appointment. This appointment may be withdrawn only upon a written notice of termination and, in any event, shall not be terminated by the Group or its successor so long as any contracts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in this State are in effect.

The Group designates:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

as the person to whom shall be forwarded all legal process served upon the Insurance Commissioner of the State of North Carolina, and his or her successors in office, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner of the State of North Carolina.

IN WITNESS OF THIS APPOINTMENT, the Group, in accordance with the resolution of its Board of Directors duly passed on \_\_\_\_\_, 20 \_\_\_\_\_, has affixed its corporate seal, and caused the same to be subscribed and attested in its name by its President and Secretary, at the City of \_\_\_\_\_ in the State of \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Name of Risk Purchasing Group)

By: \_\_\_\_\_ President

\_\_\_\_\_ Secretary

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_, Notary Public. My Commissioner Expires: \_\_\_\_\_