



## Purchasing Group Registration Application

1. Purchasing Group Name: \_\_\_\_\_
2. Purchasing Group Mailing Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. FEIN: \_\_\_\_\_ Contact Person: \_\_\_\_\_
5. Contact Address: \_\_\_\_\_
6. Contact City: \_\_\_\_\_ Contact State: \_\_\_\_\_ Contact Zip: \_\_\_\_\_
7. Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_
8. Contact Email: \_\_\_\_\_
9. List the state of domicile and all states in which the group does or intends to do business.

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10. List any other name(s) by which the Purchasing Group is known or may be doing business in this State or any other state:

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11. Form of organization (i.e., corporation, partnership, association) and the state in which organized: Attach a copy of articles of incorporation or organization to this application. \_\_\_\_\_

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12. Physical address of the administrative offices of the Purchasing Group, if different from the mailing address listed above: \_\_\_\_\_

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13. List the principal place of business of the Purchasing Group if different from above : \_\_\_\_\_

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14. List the purpose of the purchasing group and describe the type of business activities the Purchasing Group members are engaged in and type of liability risk they have in common. \_\_\_\_\_

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15. List the lines and classifications of liability insurance which the Purchasing Group intends to purchase.

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16. Name the insurance company from which the group intends to purchase its insurance and the domicile state of that company.

Name of Company	State of Domicile	NAIC Code	FEIN

17. List the method by which, and the person(s) if any, through whom insurance will be offered to its members whose risks are resident or located in this state. \_\_\_\_\_

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18. List the name, address and social security number (SSN) of each officer and director of the Purchasing Group: (Attach additional pages if necessary.)

Name	Address	SSN	Position with Purchasing Group

19. List the name, SSN, address, and telephone number of the person within the Purchasing Group who is most knowledgeable about the Purchasing Group's insurance program, including membership criteria and coverages:

Name	Address	SSN	Telephone Number

20. List the name, FEIN, address and telephone number of the company that manages or administers the insurance program for the Purchasing Group, and the name, SS# and telephone number of the person responsible for the Group's insurance program: (If none, answer none)

Name	Address	SSN	Telephone Number

21. List the name(s) of the insurance agent(s) or broker(s), National Producer Number or license number, and state in which the individual is licensed whom is responsible for the purchase of the liability insurance for the Purchasing Group and its members.

Name	National Producer Number or License Number	Licensed State

22. Has any person transaction business on behalf of the Purchasing Group ever:

A.) Been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such individual? \_\_\_\_\_

B.) Had any application for a business, professional, or vocational license denied by this state or any other state? \_\_\_\_\_

C.) Had a business, professional, or vocational licensed suspended or revoked by this state or any other state? \_\_\_\_\_

D.) Withdrawn or surrendered an application or license to avoid potential or pending administrative proceedings or disciplinary actions against a license? \_\_\_\_\_

If you answer yes to any of the above questions you must attach a statement describing the occurrence and the formal documents showing resolution of the occurrence.

The Purchasing Group will not purchase any insurance policy in this State that provides coverage prohibited generally by statute of this State or declared unlawful by the highest court of this State whose law applies to such policy.

The Purchasing Group will comply with all other applicable state laws.

The Purchasing Group will notify the Iowa Insurance Division of any subsequent changes in any of the items included in this form.

The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal, the \_\_\_\_\_

(Name of Purchasing Group)

are true and correct.

\_\_\_\_\_  
Signed by President of the Purchasing Group

\_\_\_\_\_  
Signed by Secretary of the Purchasing Group

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

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

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

\_\_\_\_\_, Notary Public. My Commission Expires \_\_\_\_\_