

The following is the uniform registration form adopted in June 1991, by the NAIC.

Part A

**STATE OF NEVADA
DEPARTMENT OF INSURANCE
PURCHASING GROUP-NOTICE AND REGISTRATION
(All Information Should Be Typed)**

1. Name of the Purchasing Group:

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

3. a) Form of organization (i.e., corporation, partnership, association) and the state in which organized:

- b) Purpose (s) of organization:

4. a) The Purchasing Group is domiciled in the state of: _____
- b) Address: _____

5. Physical address of the administrative offices of the Purchasing Group, if different from response to Item #4b above:

6. The Purchasing Group intends to purchase the following classifications of liability insurance and/or sub-classifications thereof:

PURCHASING GROUP FORM

7. The Purchasing Group intends to purchase the liability insurance described in Item #6 above from the following insurance company or companies: [Give full name of company, state of domicile, NAIC code and Federal Employer Identification Number (FEIN)] .

<u>Name of Company</u>	<u>State of Domicile</u>	<u>NAIC Code</u>	<u>FEIN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Name</u>	<u>Address</u>	<u>SS#</u>	<u>Position with Purchasing Group</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. List the name, SS#, 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 coverage:

<u>Name</u>	<u>SS#</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. 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.)

<u>Name</u>	<u>FEIN/SS #</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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11. List the names (s), SS# (s) and address (es) of the licensed insurance agent (s), broker (s) or excess (surplus) line broker (s) responsible for the purchasing of liability insurance for the Purchasing Group and its members and the state (s) in which they are licensed: (Attach additional pages, if necessary. If none, answer none.)

<u>Name</u>	<u>SS#</u>	<u>Address</u>	<u>State (s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. 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? _____
 - b) had denied any application for a professional, vocational or business license? _____
 - c) had suspended or revoked any such license? _____
 - d) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? _____

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

13. The Purchasing Group 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 Purchasing Group members:

14. The Purchasing Group purchases the liability insurance listed in Item #6 above only for its group members and only to cover their similar or related liability exposure, as described in Item #13 above.

15. The Purchasing Group has as one of its purposes the purchase of liability insurance on a group basis.

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- 16. The Purchasing Group has designated the Insurance Commissioner(Director, Superintendent) of this state to be its agent solely for the purpose for receiving service of legal documents or process by executing Part B of this form, attached hereto.
- 17. The Purchasing Group has submitted a registration fee of \$_____, if applicable, payable to the Insurance Commissioner [Director, Superintendent] of this State.
- 18. The Purchasing Group will not purchase any insurance policy in this State which 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.
- 19. The Purchasing Group will comply with all other applicable state laws.
- 20. The Purchasing Group will notify the Insurance Commissioner [Director, Superintendent] 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.

 President of the Purchasing Group

 Secretary of the Purchasing Group

State of _____)
)ss:
 County of _____)

Sworn before me this _____ day of _____, 20_____.

_____, Notary Public. My Commission expires:_____

Part B

PURCHASING GROUP FORM

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE AND DESIGNATION

The _____ (“the Group”), a purchasing group organized under the laws of the state of _____, having notified the Insurance Commissioner [Director, Superintendent] of the State of _____ of its intention to do business in this State as a purchasing group pursuant to the Federal Liability Risk Retention Act of 1986, hereby appoints the Insurance Commissioner [Director, Superintendent] of the State of _____, any successor in office, and any authorized deputy for its true and lawful attorney, in and for the State of _____, upon whom all legal documents or process in any proceeding against it may be served. Such service of process shall be of the same legal force and validity as if served personally upon the Group.

The Group designates:

(Name)

(Address)

(City, Town or Village)

(State and Zip Code)

as its officer, agent or other person to whom shall be forwarded all legal documents or process served upon the Insurance Commissioner [Director, Superintendent] of the State of _____, any successors in office, or any authorized deputy, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner [Director, Superintendent].

PURCHASING GROUP FORM

This appointment and designation is made pursuant to a resolution by the Group's governing body authorizing it, and a certified copy of the resolution is attached hereto. This appointment shall be binding upon any person or corporation which as successor acquires the Group's assets or assumes its liability, by merger or consolidation or otherwise.

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 contacts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in this State are in effect.

IN WITNESS OF THIS APPOINTMENT AND DESIGNATION, 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 Purchasing Group)

By: _____ President
_____ Secretary

State of _____)
County of _____)ss:

Sworn before me this _____ day of _____, 20____.

_____, Notary Public. My Commission Expires: _____

**STATE OF NEVADA
DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INSURANCE**

788 Fairview Drive, Suite 300
Carson City, Nevada 89701-5491

APPOINTMENT FOR SERVICE OF PROCESS (ID-21A)

Nevada I.D. #: _____ N.A.I.C. #: _____

Company Name: _____

Company Address: _____

**PERSON WHO WILL ACCEPT SERVICE OF PROCESS
FORWARD BY THE COMMISSIONER OF INSURANCE:**

Individual Name: _____

Address: _____

Dated this _____ day of _____, 20_____

Please type Name of Company Officer

Signature of Company Officer

Please type Title of above individual

***THE ABOVE INFORMATION IS REQUIRED PURSUANT TO NRS 680A.250, AND MUST BE SUBMITTED TO
THE INSURANCE DIVISION, WHEN CHANGES OCCUR***