

PURCHASING GROUP REGISTRATION APPLICATION §33-11-101 through §33-11-125, Montana Code Annotated

In	ndicate the form of organization or incorporation: FEIN#
TI	he Purchasing Group is domiciled in the State of:
TI	he date of Registration in the domicile state is:
	(a copy of the domiciliary state's approval must be attached to this application)
a.	. List the complete physical address of the Purchasing Group:
eı	mail address:
Э.	. List the principal address of the Purchasing Group, if different from the physical address
eı	mail address:
	ist any other names under which the Purchasing Group is or may be doing business in this tate, or in another state if different than above:
ld	dentify the states in which the Purchasing Group intends to do business:
Ν	lame / Address / Phone / Email of Contact for <u>Registration</u> of the Purchasing Group:
าล วย	Name / Address / Phone / Email of <u>Principal Staff Person or Officer</u> of the Purchasing Group as knowledge of its insurance program, including membership criteria, coverage's, and key personnel of the Group's administrator and Insurance Carrier:















Complete the attached biographical information for the person or persons controlling the activation of the Purchasing Group: A purchasing group is composed of members whose business or activities are similar or review the respect to the liability to which members are exposed by related, similar, or common bustrade, product, services, or common premises or operations. Give a general description business or activities engaged in by the purchasing group members: The Purchasing Group has as one of its purposes, the purchase of liability insurance purchasing group basis	T:41a	Drive in al Office ve News	Dringing Directors Name
of the Purchasing Group: https://content.naic.org/sites/default/files/ucaa-industry-naic-biographical-affidavit.pdf A purchasing group is composed of members whose business or activities are similar or rewith respect to the liability to which members are exposed by related, similar, or common bustrade, product, services, or common premises or operations. Give a general description business or activities engaged in by the purchasing group members: The Purchasing Group has as one of its purposes, the purchase of liability insurance oburchasing group basis	Title	Principal Officers Name	Principal Directors Nam
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FEIN# _____



State of Domicile:



_____ NAIC# ____







	Name of Purchasing Group
We	do hereby swear and affirm that the statements and information are true and correct.
21.	Service of process: Complete Form 12: https://content.naic.org/sites/default/files/ucaa-industry-uniform-consent-service-process.pdf
20.	If purchasing from a risk retention group, the risk retention group must be registered with the Montana Insurance Commissioner. Please provide the Montana registration number:
	MT Surplus Line Producer License # The insurance producer must be appointed to the insurance company listed in item #16, unless the insurance company is a surplus lines company. The producer must be licensed to sell surplus lines insurance in Montana. Is the insurance producer appointed to the insurance company listed in item #16yesno
	Address: MT Insurance Producer License #
	in item #16yesno Name:
	The insurance producer must be appointed to the insurance company listed in item #16, unless the insurance company is a surplus lines company. The producer must be licensed to sell surplus lines insurance in Montana. Is the insurance producer appointed to the insurance company listed
	MT Insurance Producer License # MT Surplus Line Producer License #
	Address:
	in item #16yesno Name:
	lines insurance in Montana. Is the insurance producer appointed to the insurance company listed
	the insurance company is a surplus lines company. The producer must be licensed to sell surplus
	The insurance producer must be appointed to the insurance company listed in item #16, unless
	MT Insurance Producer License # MT Surplus Line Producer License #
	Address:
19.	Provide the applicable information for each Montana Insurance Producer: Name:
18.	A person acting or offering to act as a producer for the Purchasing Group that solicits members, sells insurance coverage, purchases coverage for its members located within the State of Montana, or otherwise does business in Montana shall, before commencing such activity, obtain an insurance producer license and if required, a surplus lines insurance producer license from the Montana Commissioner of Insurance.
	 insurer admitted and licensed in Montana eligible surplus lines insurer in Montana authorized (RRG's must be registered in Montana, see item #20) risk retention group
17.	Indicate whether the insurer is:









Officer



