

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

1. List the exact name of the Purchasing Group:  
\_\_\_\_\_
  
2. Indicate the form of organization or incorporation: \_\_\_\_\_  
FEIN# \_\_\_\_\_
3. The Purchasing Group is domiciled in the State of: \_\_\_\_\_
4. The date of Registration in the domicile state is: \_\_\_\_\_  

**(a copy of the domiciliary state's approval must be attached to this application)**
5. a. List the complete physical address of the Purchasing Group:  
\_\_\_\_\_  
email address: \_\_\_\_\_  
b. List the principal address of the Purchasing Group, if different from the physical address:  
\_\_\_\_\_  
email address: \_\_\_\_\_
6. List any other names under which the Purchasing Group is or may be doing business in this state, or in another state if different than above:  
\_\_\_\_\_
7. Identify the states in which the Purchasing Group intends to do business:  
\_\_\_\_\_  
\_\_\_\_\_
8. Name / Address / Phone / Email of Contact for Registration of the Purchasing Group:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Name / Address / Phone / Email of Principal Staff Person or Officer of the Purchasing Group who has knowledge of its insurance program, including membership criteria, coverage's, and key personnel including membership criteria, coverage's, and key personnel of the Group's Administrator and Insurance Carrier:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Title	Principal Officers Name	Principal Directors Name

11. Complete the attached biographical information for the person or persons controlling the activities of the Purchasing Group:

<https://content.naic.org/sites/default/files/ucaa-industry-naic-biographical-affidavit.pdf>

12. A 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 related, similar, or common business trade, product, services, or common premises or operations. Give a general description of the business or activities engaged in by the purchasing group members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. The Purchasing Group has as one of its purposes, the purchase of liability insurance on a purchasing group basis \_\_\_\_\_ yes \_\_\_\_\_ no

14. The Purchasing Group purchases such liability insurance only for its members and only to cover their similar or liability exposure, as described in item #12 above \_\_\_\_\_ yes \_\_\_\_\_ no

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. The Purchasing Group intends to purchase the liability insurance described in item #12, from the following company or companies: (Attach additional sheets as necessary)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

State of Domicile: \_\_\_\_\_

FEIN# \_\_\_\_\_ NAIC# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

State of Domicile: \_\_\_\_\_

FEIN# \_\_\_\_\_ NAIC# \_\_\_\_\_

Name: \_\_\_\_\_

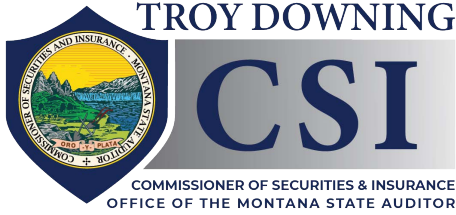
Address: \_\_\_\_\_

Contact: \_\_\_\_\_

State of Domicile: \_\_\_\_\_

FEIN# \_\_\_\_\_ NAIC# \_\_\_\_\_





17. Indicate whether the insurer is:

- 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

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.

19. Provide the applicable information for each Montana Insurance Producer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

MT Insurance Producer License # \_\_\_\_\_

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 #16 \_\_\_\_yes \_\_\_\_no

Name: \_\_\_\_\_

Address: \_\_\_\_\_

MT Insurance Producer License # \_\_\_\_\_

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 #16 \_\_\_\_yes \_\_\_\_no

Name: \_\_\_\_\_

Address: \_\_\_\_\_

MT Insurance Producer License # \_\_\_\_\_

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 #16 \_\_\_\_yes \_\_\_\_no

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:

\_\_\_\_\_

21. Service of process: Complete Form 12: <https://content.naic.org/sites/default/files/ucaa-industry-uniform-consent-service-process.pdf>

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

\_\_\_\_\_  
Name of Purchasing Group

\_\_\_\_\_  
Officer



406.444.2040



csi@mt.gov



csimt.gov



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