

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

	Indicate the form of organization or incorporation:FEIN#			
	The Purchasing Group is domiciled in the State of:			
	The 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:			
	email address:			
	b. List the principal address of the Purchasing Group, if different from the physical address			
email address:				
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:				
	Identify the states in which the Purchasing Group intends to do business:			
	Name / Address / Phone / Email of Contact for <u>Registration</u> of the Purchasing Group:			
	Name / Address / Phone / Email of <u>Principal Staff Person or Officer</u> of the Purchasing Grou has knowledge of its insurance program, including membership criteria, coverage's, and key personnel of the Group's Administrator and Insurance Carrier:			













Title	Principal Officers Name	Principal Directors Nam		
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Complete the attached biograp	phical information for the person	or persons controlling the a		
of the Purchasing Group:				
https://content.naic.org/sites/de	efault/files/ucaa-industry-naic-bio	ographical-affidavit.pdf		
A nurchasing group is compas	ad of mambare whose business	or activities are similar or r		
A purchasing group is composed of members whose business or activities are similar or re with respect to the liability to which members are exposed by related, similar, or common busi				
•				
trade, product, services, or common premises or operations. Give a general description of business or activities engaged in by the purchasing group members:				
and particular and angular and particularing group monitorion				
The Purchasing Group has as one of its purposes, the purchase of liab purchasing group basis yesno				
The Purchasing Group purcha	ses such liability insurance only	for its members and only to		
their similar or liability exposure, as described in item #12 above yes no				
The Purchasing Group intends to purchase the following lines and classifications of lia				
insurance:				
The Purchasing Group intends	to purchase the liability insuran	ce described in item #12, fro		
• •	to purchase the liability insuran			
following company or compani	es: (Attach additional sheets as	necessary)		
following company or compani Name:	es: (Attach additional sheets as	necessary)		
following company or compani Name: Address:	es: (Attach additional sheets as	necessary)		
following company or compani Name: Address: Contact:	es: (Attach additional sheets as	necessary)		
following company or compani Name:	es: (Attach additional sheets as	necessary)		
following company or compani Name: Address: Contact: State of Domicile: EIN#	es: (Attach additional sheets as	necessary)		

Name: Address:___ Contact: ___



State of Domicile:



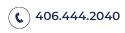
FEIN#_____ NAIC#____







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 #16yesno					
	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					
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	Name:					
	Address:					
	MT Insurance Producer License #					
	MT Surplus Line Producer License #					
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	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					
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



