

STATE OF MONTANA



TROY DOWNNIG  
COMMISSIONER OF INSURANCE &  
SECURITIES  
MONTANA STATE AUDITOR  
840 Helena Avenue  
Helena, Montana 59601  
(406) 444-2040

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 any other state if different than above.  
\_\_\_\_\_
7. Identify the states in which the Purchasing Group intends to do business.  
\_\_\_\_\_  
\_\_\_\_\_
8. List the name, address, and telephone of the contact person regarding the registration of the Purchasing Group.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ email address: \_\_\_\_\_
9. List the name, address, and telephone number of the 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.  
\_\_\_\_\_  
\_\_\_\_\_

State of Montana Use Only

Examiner: \_\_\_\_\_  
Date Review Completed: \_\_\_\_\_  
Chief Examiner: \_\_\_\_\_  
Date Review Completed: \_\_\_\_\_ ) Approved ) Disapproved

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	Principal Directors
	Name	Name

11. Complete the attached biographical information for the person or persons controlling the activities of the Purchasing Group. [https://csimt.gov/wp-content/uploads/industry\\_ucaa\\_form11\\_updated.pdf](https://csimt.gov/wp-content/uploads/industry_ucaa_form11_updated.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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Attach other sheets as necessary)

17. Indicate whether the insurer is:  
 a) insurer admitted and licensed in Montana \_\_\_\_\_  
 b) eligible surplus lines insurer in Montana \_\_\_\_\_  
 c) 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 Lines 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 Lines 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 Lines 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. The Purchasing Group has designated the Montana Commissioner of Insurance to be its agent solely for the purpose of receiving service of legal documents or process. \_\_\_\_\_yes \_\_\_\_\_no

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

\_\_\_\_\_  
 (Name of Purchasing Group)

By: \_\_\_\_\_  
 Its: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.  
 Notary Public, State of \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

**APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE OF PROCESS**

\_\_\_\_\_ (hereinafter "Group"), duly organized under the laws of the State of \_\_\_\_\_ appoints THE DULY ELECTED STATE AUDITOR AND COMMISSIONER OF INSURANCE OF THE STATE OF MONTANA to be its lawful Attorney to receive service of legal process issued against it in the State of Montana. The Group authorizes the Commissioner, or, in the Commissioner's absence, an employee of the Commissioner, to acknowledge service of legal process on behalf of the Group in this state. The Group consents and agrees that any lawful process against it that is served upon the Commissioner as appointed attorney shall have the same legal force and validity as if served upon the Group and hereby waives all claim or right of error by reason of such acknowledgement of service.

This authority may be withdrawn only upon a written notice of revocation and in any case, shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State Montana and binds the assets or liabilities of the Group or any success in interest. This instrument is executed pursuant to, and shall be construed to constitute full compliance with, Title 33, Chapter 11 of the Montana Code Annotated.

IN WITNESS WHEREOF, the said Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed, at the City of \_\_\_\_\_ State of \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
President / Attorney-in-fact

\_\_\_\_\_  
Secretary / Attorney-in-fact

\_\_\_\_\_  
Name and address of the person to whom Service of Process is to be forwarded.

(GROUP.SP)