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State Fire Marshal

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PURCHASING GROUP REGISTRATION CHECKLIST

Please provide the first five items with your initial application:

1. Completed (NAIC) Purchasing Group registration form.
2. Completed service of process form.
3. **Copies of all rates, rules and forms to be used in Mississippi must be filed for informational purposes only.** Rates, rules and forms should be filed and approved in the Purchasing Group's domiciliary insurance department, no filing fee required. If the Purchasing Group uses only surplus lines insurers, you may submit a letter from the group's domiciliary insurance department stating that no rates, rules and forms have been filed with them because the group is not using admitted companies.
4. Copy of letter of approval from Purchasing Group's domiciliary insurance department showing that the group is eligible to do business in that state.

Additional information:

1. Complete and return premium tax form and taxes quarterly.
2. Annual report listing premiums written on Mississippi risks which are due March 1.
3. Complete and return renewal form by March 1.

See Miss. Code Ann. § 83-55-1 et seq. for the Mississippi Risk Retention Act.

Part A

**STATE OF MISSISSIPPI
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 coverages:

| <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> |
|-------------|-----------------|----------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PURCHASING GROUP FORM

11. List the name(s), SS#(s) and address(es) of the licensed insurance agent(s), broker(s) or excess (surplus) lines broker(s) responsible for the purchase 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:

_____aaaaaaaaaaaaaaaaaaaaa_____

_____aaaaaaaaa_____

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.

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 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 liabilities, 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 contracts 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 _____, _____, 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 _____, _____.

(Name of Purchasing Group)

By: _____ President

_____ Secretary

State of _____)

) ss:

County of _____)

Sworn before me this _____ day of _____, _____.

_____, Notary Public. My Commission Expires: _____