

Mike Chaney
Commissioner of Insurance



2026 Registration Form
State of Mississippi

Mississippi Insurance Department
P.O. Box 79
Jackson MS 39205

Entity Name _____

Instructions: (1) Please provide an E-mail address for the contact person _____
(2) All questions must be answered on the front and back.
(3) The renewal must be signed and notarized.
(4) Renewal Applications are due annually by March 1st.

(Please Print or Type)

1.) In which state is the Purchasing Group domiciled?

2.) What types/classifications of liability insurance has the Group purchased or intends to purchase?

3.) The Group intends to purchase the liability insurance described in Item #2 above from the following insurance or companies: (attach additional pages if necessary)

Name of Company

Domiciliary State

NAIC Code

Federal Employer ID

4.) What company manages or administers the insurance program for the Purchasing Group?

Name of Contact Person

Telephone Number

Address

FEIN

5.) Identify each officer and director of the Purchasing Group (attach additional pages if necessary.)

<u>Name</u>	<u>Address</u>	<u>Social Security #</u>	<u>Position</u>
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6.) List the licensed producer(s), and surplus lines agent(s) responsible for purchase of the Group's insurance policies and the state(s) in which they are licensed (attach additional pages if necessary).

<u>Name</u>	<u>Address</u>	<u>Social Security #</u>	<u>State(s)</u>
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7.) Has any person transacting business on behalf of the Risk Purchasing Group ever:

- a) been convicted or currently charged with a misdemeanor or felony, other than traffic violation? _____
- b) had an application for a professional, vocational or business license revoked or suspended? _____
- c) withdrawn or surrendered any application or license to avoid potential disciplinary action? _____

If the answer to any of the above questions is yes, attach a supplementary statement explaining in detail each such occurrence.

The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal,

_____ is true and correct.
(Name of Risk Purchasing Group)

Also, the undersigned understands that any violation of the legal requirements governing Risk Purchasing Groups shall be subject to disciplinary action, including revocation of registration to operate in the State of Mississippi.

Signature of the President of the Risk Purchasing Group

Printed Name of the President

Signature of the Secretary of the Risk Purchasing Group

Printed Name of the Secretary

Please note that 2027 Renewal forms will be emailed out on or before January 4, 2027