Commonwealth of Massachusetts
NEW / ANNUAL / AMENDED ANNUAL
APPLICATION FOR REGISTRATION AS A PURCHASING GROUP

Date:

☐ This is a new application, ending June 30 of the current/following year.
☐ This is an annual application for the year beginning July 1, ____ and ending June 30 of the following year.
☐ This is an amended annual application.

If amending, check and fill out only the name of the group and applicable sections. There is no fee for an amended application.

Please note that a non-refundable filing fee of $125, payable to the Commonwealth of Massachusetts, must accompany every annual application. **Please email copies of all completed documents and a copy of check to nhi.ngu@mass.gov. Then mail check with completed application to the Division of Insurance, One Federal Street, Suite 700, Boston, MA 02110 Attention: Nhi Ngu - Financial Examinations.**

If this is the group's initial application, it must attach a certificate appointing the Commissioner of Insurance as its attorney to receive service of legal process issued against it in the commonwealth. (see last page) The appointment must be irrevocable, shall bind any successor in interest, and shall remain in effect as long as there remain any obligations or liabilities of the group.

FEIN:

1. List the exact name of the Purchasing Group.

2. Indicate the form of organization or incorporation.

3. The Purchasing Group is domiciled in the State of:

4. 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.

5. List the complete physical address of the Purchasing Group.
   Address 1
   Address 2
   City /State /Zip

6. List the name, address, telephone number and email of the principal staff person or officer of the Purchasing Group who has knowledge of its insurance program, including membership criteria, coverages, and key personnel of the group's administrator and insurance carrier
   Name
   Address 1
   Address 2
   City /State /Zip
   Telephone / Email

6A. List the name, address, telephone number, and email of the firm that acts as the administrator of the Purchasing Group, and the name of the principal account executive responsible for the group's insurance program. (If none, answer "none".)

Name
Address 1
Address 2
City / State / Zip
Telephone / Email

6B. List the name, address and telephone number of the principal agent or broker responsible for the sale or purchase of the group's liability insurance. (If none, answer "none".)

Name
Address 1
Address 2
City / State / Zip
Telephone / Email

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

Principal Officers

Name
Address 1
Address 2
City / State / Zip
Occupation

Name
Address 1
Address 2
City / State / Zip
Occupation

Directors

Name
Address 1
Address 2
City / State / Zip
Occupation

Name
Address 1
Address 2
City /State / Zip
Occupation

8. The 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 virtue of any related, similar, or common business, trade, product, services, premises or operations. Give a general description of the business or activities engaged in by purchasing group members.

9. The Purchasing Group has as one of its purposes the purchase of liability insurance on a group basis.

True ☐ False ☐

10. The Purchasing group purchases such liability insurance only for its members and only to cover their similar or related liability esposure as described in item 8 above.

True ☐ False ☐

11. The Purchasing Group currently purchases and intends to purchase the following lines and classifications of liability insurance.

Lines	Classifications

12. The Purchasing Group currently purchases and intends to purchase the liability insurance described in item 11 above from the following insuranvce company or companies. Give the full name of the company, its state of domicile, and FEIN.

Name of Company	FEIN	State Of Domicile	NAIC #

13. List the name and address of the licensed agent or broker through whom current purchases have been made and future purchases will be made. **Complete this item only if the purchase of insurance is or will be made from a surplus lines insurer, rather than from a licensed insurer.**

Name
Address 1
Address 2
City / State / Zip
Telephone / Email

14. If the Purchasing Group transacts insurance business by means of a "direct offering" (without using insurance agents to market the program), list the name and address of each person not listed in item 13 above who will be transacting business on behalf of the group. (You need not include the names of licensed insurance agents duly appointed by an admitted insurer.)

Name
Address1
Address2
City / State / Zip

Name
Address1
Address2
City / State / Zip

Name
Address1
Address2
City / State / Zip

15. States where the Purchasing Group does, or intends to do business:

☐ The group eventually intends to do business in all states (including the District of Columbia).

☐ The group eventually intends to do business in all states (including the District of Columbia) except for the following states.

☐ The group eventually intends to do business only in the following states:

16. 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 such person? Yes ☐ No ☐

(B) Had denied any application for a professional, vocational or business license Yes ☐ No ☐

(C) Had withdrawn or surrendered any such application or license to avoid disciplinary action against the licensee Yes ☐ No ☐

If the answer to any part of this question is “yes”, attach a supplementary statement explaining in full each occurrence.

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

_____
President or Chief Executive Officer

_____
Secretary

Sworn before me this
_____ Day of _____

_____

Notary Public, State of _____

My commission expires: _____

COMMONWEALTH OF MASSACHUSETTS
APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The _____ *,a Purchasing Group (called the Group) duly organized under the laws of the State of* _____ *hereby appoints the Commissioner of Insurance of the Commonwealth of Massachusetts (the Commissioner), and his or her successors in office, to be its lawful attorney, upon whom all legal processes in any legal action or proceeding against it shall be served, and further agrees that any lawful process against it which is served on the Commissioner shall have the same legal validity as if served personally on the Group*

The Group gives the Commissioner, and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the group could do it if personally present, and ratifies all acts the Commissioner shall lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation to the Commissioner, and, in any case, shall continue in effect so long as any liability arising out of this appointment remains outstanding in the Commonwealth. This instrument is executed pursuant to and shall be construed to constitute full compliance with M.G.L. c. 176L, §7 ¶C of the Massachusetts Liability Risk Retention Act and with 15 USC 3903 §4 (e) of the Federal Liability Risk Retention Act.

The group designates _____ *whose address is*

_____ _____ _____

as the person to whom process against the Group served on the Commissioner shall be forwarded.

In Witness of this appointment, the 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** affixed, at the city of _____, State of _____ this _____ day of _____ 20 _____.

Attest:

_____

Secretary

_____

Name of Purchasing Group

By

_____

President

Sworn before me this ____ Day of _____

Notary Public, State of _____

My commission expires _____

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