

STATE OF INDIANA
NOTIFICATION TO THE COMMISSIONER OF INSURANCE
FOR REGISTRATION AS A PURCHASING GROUP

SECTION I: PURCHASING GROUP INFORMATION

1. Purchasing Group Name _____ Federal ID#: _____

2. Principal Place of Business
 - a. Street address _____
 - b. City _____ State _____ Zip _____
 - c. Mail address if different _____
 - d. City _____ State _____ Zip _____

3. Phone Number _____

4. Contact Person _____
(Name and Title)
E-mail Address _____

5. State of Domiciliary Jurisdiction _____

6. Date of Registration in Domiciliary Jurisdiction _____

7. In which state will the group have the highest aggregate premiums in force on date group policy is written or last renewed, which ever is later? _____

8. Lines and classifications of liability insurance to be purchased

9. 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, as follows: (give general description of business or activities engaged in by purchasing group members):

10. If the purchasing group has members with risks located in Indiana, have the members been informed that the State insurance insolvency guaranty fund does not protect them? _____
11. Does the purchasing group understand the tax procedure under Indiana Insurance Code?

SECTION II: INSURER INFORMATION

(Each insurer should be shown separately; if additional space is needed, please attach pages to this form)

1. Insurer's Name _____

2. Insurer's Address
 - a. Street _____
 - b. City _____ State _____ Zip _____
 - c. Mail Address _____
 - d. City _____ State _____ Zip _____
3. Phone Number _____
4. Contact Person _____
5. State of Domicile _____
6. Above insurer is recognized in Indiana as: (Check One)

- _____ Surplus Lines Insurer (non-admitted)
- _____ Domestic Risk Retention Group
- _____ Foreign; Bermuda or Cayman Islands, B.W.I., Risk Retention Group
- _____ Licensed Insurer (authorized)
- _____ Reciprocal or Inter-Insurance Exchange

SECTION III: AGENT INFORMATION

1. Indicate the name, national producer number, agent's home address, and license number of the surplus lines licensee or appropriate agent of the insurer through whom the insurance will be placed:
 - a. Agent Name: _____
 - b. NPN Number: _____
 - c. Indiana License #: _____
 - d. Agent's Home _____
Address: _____

2. Does the agent know to inform all prospective insureds who have a risk located in Indiana that the state insurance insolvency guaranty fund will not protect them? _____
(applies to surplus lines company)

3. Does the agent understand he must report to the Commissioner within ten (10) days any changes in any of the facts set forth in the notice provided to the Commissioner under this section? _____

SECTION IV: ADDITIONAL REQUIREMENTS

1. Attach a completed Appointment of Commissioner as Agent for Service of Process.
2. Identify all other states in which the group intends to do business.
3. Proof of registration from the purchasing group's domiciliary state.

SECTION V: AFFIRMATION AND EXECUTION

I certify that all statements and information in this registration are true and correct and that I have the authority to execute and file this registration for the purchasing group.

Signature

Typed or printed name and Title

COUNTY OF _____
STATE OF _____

Before me, the undersigned authority on this day appeared _____,
authorized representative of the purchasing group, being known to me and who after being duly
sworn upon oath, said that the statements and representations contained in this form are true and
correct.

SUBSCRIBED AND SWORN to before me on the ____ day of _____, 20__.

Notary Public
_____ County
State of _____

My Commission Expires _____

RETURN TO: SHERRY BARNES
 INDIANA DEPARTMENT OF INSURANCE
 311 W. WASHINGTON STREET, SUITE 300
 INDIANAPOLIS, INDIANA 46204-2787