

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
APPLICATION FOR REGISTRATION AS A PURCHASING GROUP
(all information shall be typed)

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.

6. 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, coverages, and key personnel of the group's administrator and insurance carrier.

- 6A. List the name, address, and telephone number 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.)

6B. List the name of the principal agent or broker responsible for the sale or purchase of the group's liability insurance (if none, answer none).

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

Principal Officers

Principal Directors

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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 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 purchasing group basis.

10. The Purchasing Group purchases such liability insurance only for its members and only to cover their similar or related liability exposure, as described in item (8) above.

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

12. The Purchasing Group intends to purchase the liability insurance described in item (11) above from the following insurance company or companies. Give full name of company, state of domicile and Federal Employer Identification Number:

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

14. 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.

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 _____.

RPG-1 P&C 9/2004

Return to: Commonwealth of Kentucky
Department of Insurance
Property & Casualty Division
PO Box 517
Frankfort, KY 40602-0517

Questions concerning the registration process may be addressed to the Property & Casualty Division at 502-564-6046.