

Please place Purchasing Group Name and Tax ID Number in the upper right corner of each attachment to this application.

# Purchasing Group Application for Registration

Complete this application. Do not leave any question blank - Enter "N/A" or "None" if not applicable. Use the checklist on this form to assure that all required documents are attached. File application with original signatures.

Name of Applicant including dba if applicable	Tax ID number (FEIN)								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 15px;"></td> <td style="width:12.5%; height: 15px;"></td> <td style="width:12.5%; height: 15px;"></td> <td style="width:12.5%; height: 15px;"></td> <td style="width:12.5%; height: 15px;"></td> <td style="width:12.5%; height: 15px;"></td> <td style="width:12.5%; height: 15px;"></td> <td style="width:12.5%; height: 15px;"></td> </tr> </table>								

**Address 1: Applicant's principal U.S. administrative office (must include street address)** *check if address is*  
 Our primary mailing address

Number, street and floor or suite number

PO Box

City State Zip

**Address2: Primary mailing address (only if different than address 1)**

Name

Number, street and floor or suite number

PO Box

City State Zip

**Purchasing Group is organized as the following type of business:**

- Corporation
- Limited Liability Company (LLC)
- Limited Liability Partnership (LLP)
- General Partnership
- Sole Proprietorship
- Other: \_\_\_\_\_

**Purchasing Group's state of domicile:**

<b>TABLE 1-Types of Commercial Liability Insurance with Line code for use in Tables 2 and 3</b>	Medical Malpractice	110	Errors & Omissions	177	Products & Completed Operations	171
	Comprehensive General	174	Legal Liability	178	Professional Liability	179
	Director's & Officer's	175	Liquor Liability	173	Other Commercial Liability	170
	Environmental Impairment & Pollution	176	Municipal Liability	172		

**TABLE 2-Using line codes in Table 1 (above) complete this table to identify each line of insurance group intends to purchase. Provide full company name and NAIC number. Attach additional sheet if necessary.**

Line code from table 1	NAIC number	Insurance company name

**TABLE 3-Using line codes in Table 1 complete this table to identify all individuals through whom insurance will be effected. Complete a row for each agent, surplus lines producer or person in group making arrangements and placing business for the purchasing group. Attach additional sheet if necessary.**

Line code(s) from table 1	Placed through	Producer name and address or name of person in group making arrangements for direct placement
	<input type="checkbox"/> Direct placement <input type="checkbox"/> Producer <input type="checkbox"/> Surplus lines producer	
	<input type="checkbox"/> Direct placement <input type="checkbox"/> Producer <input type="checkbox"/> Surplus lines producer	
	<input type="checkbox"/> Direct placement <input type="checkbox"/> Producer <input type="checkbox"/> Surplus lines producer	

**Purchasing group management contact\***

Name and title \_\_\_\_\_

Number, street and floor or suite number \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number *(include area code)* \_\_\_\_\_

E-Mail address \_\_\_\_\_

**Firm serving as administrator of the purchasing group**

Name of Firm \_\_\_\_\_

Account executive name \_\_\_\_\_

Number, street and floor or suite number \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number *(include area code)* \_\_\_\_\_

E-Mail address \_\_\_\_\_

*\*Purchasing group contact with knowledge of the insurance program, including membership criteria, coverages and key personnel of the group's administrator and insurance carrier:*

**Principal officers and directors of the purchasing group:** *List all Officers or Directors of the purchasing group. Give full name and title. Each person listed must submit form FIS 0361 Affiliate Statement. Attach additional sheet if necessary*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the business, trade, product, services, premises or operations that present similar or related liability insurance needs to members of this purchasing group. Give a general description of the business or activities engaged in by purchasing group members.

**Filing checklist:** *Please place the Purchasing Group Name and Tax ID Number in the upper right corner of each attachment to this application.*

- Attach copies of form FIS 0361 Affiliation Statement, completed and signed by each affiliate listed on this application.
- Complete and attach form FIS 0365 Consent to Service-Purchasing Group.
- Complete and attach form FIS 0364 Report of Operations.
- Attach a check or money order for \$25.00 Registration Fee, PLUS \$25.00 for each insurer listed in Table 1, payable in U.S. Dollars to "State of Michigan."

**When complete, please mail to:** OFIR  
P.O. Box 30220  
Lansing, MI 48909-7720

**Our delivery address is:** OFIR  
611 W. Ottawa St.  
Lansing, MI 48933-1020

**Certification**

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature \_\_\_\_\_ Date signed \_\_\_\_\_ Signer's name and title *(typed or printed)* \_\_\_\_\_

Authority: PA 218 of 1956 as amended. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.