

## Purchasing Group Application for Registration

Enter all information for the purchasing group (PG). Submit application with all required forms and documents listed on the application checklist. **Note:** Incomplete applications may result in processing delays or be rejected.

Purchasing Group Name			Tax ID number (FEIN)			
Business Address Line 1		Business Address Line 2	City		State	Zip Code
Mailing Address Line 1 ( <input type="checkbox"/> same as business address)		Mailing Address Line 2	City		State	Zip Code
General PG Phone Number	Fax Number		General PG Email Address			
PG Contact Person Name (must be a PG employee)			PG Contact Person Title			
PG Contact Person Email Address			PG Contact Person Phone Number			
Application Contact Person Name (PG or non-PG employee)			Application Contact Person Title			
Application Contact Person Email Address			Application Contact Person Phone Number			

**PG Organizational Status:** Complete this section and provide all required documentation.

<p><b>State of Domicile</b> (where legally created/registered)</p> <p><input type="checkbox"/> Michigan</p> <p><input type="checkbox"/> Other State: _____</p> <p>If other state, complete form <a href="#">FIS 0365 Purchasing Group Consent to Service</a>.</p>		<p><b>Organization Type</b></p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Limited Liability Partnership (LLP)</p> <p><input type="checkbox"/> Other: _____</p>	
<p><b>Trade Name(s) to be Used in Michigan</b> (DBA, assumed name, etc.)</p> <p>➤ _____</p> <p>➤ _____</p> <p>If trade name(s) will be used, provide certificate from domicile state.</p>		<p>Provide copies of all organizational documents (articles of incorporation, articles of organization, bylaws, operating agreement, etc.). For documents that are certified by the state of domicile, provide copies of the certified documents.</p>	

**PG Administrator:** Complete this section if the PG has an administrator ( check if no administrator)

Administrator (business entity) Name		Contact Person Name				
Mailing Address Line 1		Mailing Address Line 2	City		State	Zip Code
Phone Number			Email Address			

**Liability Risk:** Describe the business/activity engaged in by PG members and their liability risk insurance needs.

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**Table 1: Commercial Liability Insurance Line Codes for Use in Tables 2.**

Comprehensive General	174	Errors & Omissions	177	Medical Malpractice	110	Products & Completed Operations	171
Directors & Officers	175	Legal Liability	178	Municipal Liability	172	Professional Liability	179
Environmental Impairment & Pollution	176	Liquor Liability	173	Other Commercial Liability	170		

**Table 2:** List the following information for each line of insurance the PG will purchase (attach additional pages if necessary).

Table 1 Code	NAIC Number	Insurance Company

**Table 3:** List the following information for each line of insurance to be placed for the PG (attach additional page if necessary).

Insurer NAIC Number	Placement Type	Producer or Purchasing Group Employee Making Direct Placement			
	<input type="checkbox"/> Direct placement <input type="checkbox"/> Producer <input type="checkbox"/> Surplus Lines producer	Name		NPN	
		Mailing Address		City	State
	<input type="checkbox"/> Direct placement <input type="checkbox"/> Producer <input type="checkbox"/> Surplus Lines producer	Name		NPN	
		Mailing Address		City	State
	<input type="checkbox"/> Direct placement <input type="checkbox"/> Producer <input type="checkbox"/> Surplus Lines producer	Name		NPN	
		Mailing Address		City	State
	<input type="checkbox"/> Direct placement <input type="checkbox"/> Producer <input type="checkbox"/> Surplus Lines producer	Name		NPN	
		Mailing Address		City	State

