

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.

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

Table 2: Using Line codes in Table 1, complete this table to identify each line of insurance the group intends to purchase. Provide full company name and NAIC number. Attach additional page 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 producer, surplus lines producer, or person in group making arrangements and placing business for the Purchasing Group. Attach additional page 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	Name		NPN	
		Address	City	State	ZIP Code
	<input type="checkbox"/> Direct placement <input type="checkbox"/> Producer <input type="checkbox"/> Surplus Lines producer	Name		NPN	
		Address	City	State	ZIP Code
	<input type="checkbox"/> Direct placement <input type="checkbox"/> Producer <input type="checkbox"/> Surplus Lines producer	Name		NPN	
		Address	City	State	ZIP Code

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

- Attach FIS 0361 Affiliation Statement forms, completed and signed by each affiliate listed on this application.
- Attach completed FIS 0364 Report of Operations form.
- Attach completed FIS 0365 Purchasing Group Consent to Service form.
- Attach Articles of Incorporation or Organization.
- Attach a check or money order in payment of \$25.00 Registration Fee, PLUS \$25.00 for each insurer listed in Table 2. Check or money order must be payable in U.S. Dollars to "State of Michigan."

Validation Code 96-14-01

When complete, please mail to:

Department of Insurance and Financial Services
PO Box 30165
Lansing, MI 48909-7665

Certification

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

Signer's name and title (<i>typed or printed</i>)	Signature	Date
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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.