



# South Carolina Department of Insurance

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Columbia, South Carolina 29201

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MARK SANFORD  
Governor

SCOTT RICHARDSON  
Director of Insurance

## APPLICATION FOR REGISTRATION AS A PURCHASING GROUP (All information should be typed)

1. List the exact name of the Purchasing Group.

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2. Indicate the form of organization or incorporation.

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3. The Purchasing Group is domiciled in the State of:

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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.

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5. List the complete physical address of the Purchasing Group.

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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.

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- 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. If an agency is listed here, the agency must be licensed with this Department.)

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6B. List the name and Social Security Number of the principal agent or broker responsible for the sale or purchase of the Group's liability insurance. (An agent listed here must be licensed by this Department with the insurer(s) or risk retention group(s) listed in Item 12 below. If an eligible surplus lines insurer is listed in Item 12, the broker listed here must be licensed by this Department.)

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7. Attach a list of the names, addresses, and occupations of the principal officers and directors of the Purchasing Group.

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:

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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:

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12. The Purchasing Group intends to purchase the liability insurance described in item (11) above from the following insurance company, risk retention group or eligible surplus lines insurer which is authorized to conduct business in this State. Give full name of company, state of domicile and FEIN:

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13. List the name and address of the licensed broker through whom purchases will be effected. Complete this item only if purchase of insurance is to be made from an eligible surplus lines insurer, rather than from a licensed insurer.

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\_\_\_\_\_

14. 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 not listed in (13) above 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 admitted insurer.)

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\_\_\_\_\_

15. 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 \_\_\_\_\_, 20\_\_\_\_.

Notary Public, State of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_