



**APPLICATION FOR REGISTRATION
AS A PURCHASING GROUP**

Name			
DBA			
Address			
Contact		Telephone	
FAX		e-mail	
State of Domicile		FEIN #	

Description of business or activities of group members which are similar and or related as to liability exposures:

List lines and classifications of liability insurance to be purchased

Insurers used by the Group (give complete names and NAIC #s)

Name	NAIC #

Inquiries: email DOI.corporateaffairs@DORA.state.co.us



The purchasing group has one of its purposes the purchase of liability insurance on a group basis.

The 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.

The Group will use the producer(s) named below who has obtained a license from the State of Colorado for the solicitation of members located within this state or otherwise does business in this state before commencing such activity.

Name	Social Security Number	Address

The Group purchases such liability insurance only for its group members and only to cover their similar or related liability exposure.

The Group will designate the Commissioner of Insurance as its agent solely for the purpose of receiving service of legal documents or process in the State of Colorado.

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 _____