



NORTH CAROLINA DEPARTMENT OF INSURANCE
FINANCIAL ANALYSIS & RECEIVERSHIP DIVISION
COMPANY ADMISSIONS SECTION
REGISTRATION AND APPLICATION FORM

I. Registration

Applicant Name:

Applicant mailing address:

Applicant President's name:

Applicant phone number:

Applicant fax number:

.....
Attestation:

I , after being duly sworn do hereby depose and state under oath, and certify under penalty of law, that as President of the Group accept in good faith, the terms and obligations of the insurance laws of North Carolina for the consideration of the Group's registration, and that the Group has neither directly nor indirectly violated any of the provisions of Chapter 58 of the North Carolina General Statutes and all relevant amendatory and supplementary Acts. I understand that this registration, if issued, may be revoked as provided in the insurance laws. I understand and agree that the Group is required to make timely and proper financial filings upon the registration of the Group by the North Carolina Department of Insurance.

Subscribed and sealed this the day of , 20 .

Signature of Group President

Name of Group President (typed/printed)

Sworn and Subscribed before me by above affiant this date shown above:

Signature of Notary Public

Name of Notary Public (typed/printed)

My Commission Expires:



**NORTH CAROLINA DEPARTMENT OF INSURANCE
FINANCIAL ANALYSIS & RECEIVERSHIP DIVISION
COMPANY ADMISSION SECTION
Risk Purchasing Group – Registration & Application Notice**

II. Application Notice:

Note: Please answer all questions. If a questions is “none” or “not applicable” indicate so in the space provided.

1. Name of Applicant:
2. List other names that the applicant is operating as within this State or within any other jurisdiction:

3. Applicant is (CHECK ONE):

Sole Proprietorship:

Corporation:

Partnership:

Limited Partnership:

Other:

State purpose of organization:

4. Name of State domiciled:
5. Applicant Contact Information:

Contact Name:

Title:

Street Address:

Mailing Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Email Address:

6. Indicate the classification of liability insurance the applicant intends to purchase:

7. Provide the name of insurer, the state the insurer is domiciled, the insurer's NAIC code, and the insurer's federal tax identification number for each provider.

[illegible]

Note: If the insurance provider is a Lloyds of London entity, please complete the supplement document located at the end of this form.

8. Provide the name, address, social security number, and position of each officer and director of the RPG. (Attach additional pages if necessary)

[illegible]

9. Provide the name, address, social security number, and position of the individuals within the RPG who is most knowledgeable about the RPG's program, including membership criteria and coverages: (Attach additional pages if necessary)

[illegible]

10. Provide the name, address, social security number, and telephone number of the individual responsible for the RPG insurance programs.

NAME:	ADDRESS:	Telephone #:

11. Provide the name, address, federal tax identification number, and telephone number of the company that administers the RPG insurance program.

NAME:	ADDRESS:	TELEPHONE NUMBER:	FEIN#:

12. Provide the name, address, social security number, and state licensed for each agent or broker responsible for purchasing insurance for the RPG.

[illegible]

13. Provide a general description of the business or activities engaged in by the RPG.

14. Please list the states that the Company intends to do business in.

General Questions:

- Has any person transacting business on behalf of the RPG ever been arrested, indicted, or convicted of a felony or have any charges pending?

Yes No (If YES, provide an explanation)

- Has any person transacting business on behalf of the RPG ever been denied any application for a professional, vocational, or business license?

Yes No (If YES, provide an explanation)

- Has any person transacting business on behalf of the RPG ever had a professional, vocational, or business license revoked?

Yes No (If YES, provide an explanation)

- Has any person transacting business on behalf of the RPG withdrawn or surrendered any professional, vocational, or business license to avoid disciplinary action?

Yes No (If YES, provide an explanation)

- Is the RPG only comprised of members whose businesses are similar or related with respect to the liability for which the members commonly share?

Yes No (If NO, provide an explanation)

- Does the RPG purchase insurance, specifically disclosed in this document, only for its group members and only to cover those liabilities that are commonly assumed?

Yes No (If NO, provide an explanation)

- Does the RPG have as one of its purposes the purchase of liability insurance on a group basis?

Yes No (If NO, provide an explanation)

- Has the RPG completed, properly executed, and filed with the North Carolina Department of Insurance the Power of Attorney for Service of Legal Process form?

Yes No (If NO, provide an explanation)

- Has the RPG submitted its registration fee payable to the North Carolina Department of Insurance?

Yes No (If NO, provide an explanation)

- Does the RPG agree not to purchase any insurance policy within this State that provides coverage prohibited by North Carolina State law or is declared unlawful by the highest Court of this State?

Yes No (If NO, provide an explanation)

- Does the RPG agree to comply with all applicable State laws?

Yes No (If NO, provide an explanation)

- Is it the intent of the RPG to promptly notify the North Carolina Commissioner of Insurance of any changes of the provision as set forth in this document?

Yes No (If NO, provide an explanation)

Attest:

The undersigned hereby swears and affirms that the statements and information provided in this document are accurate and true in regards to the referenced principal.

Signature of the President of the RPG

Date

Signature of the Secretary of the RPG

Date

Sworn to and subscribed before me, this the _____ day of _____, 20____.

Notary Public

SEAL

My Commission expires _____

Mail To: North Carolina Department of Insurance
Attn: Scott Wicker
Financial Analysis & Receivership Division
1203 Mail Service Center
Raleigh, NC 27699-1203

III. Appointment of Attorney

**NORTH CAROLINA DEPARTMENT OF INSURANCE
FINANCIAL ANALYSIS & RECEIVERSHIP DIVISION
COMPANY ADMISSIONS SECTION
APPOINTMENT OF ATTORNEY**

The _____, a Risk Purchasing Group (called the Group) duly organized under the laws of the State of _____, appoints the Insurance Commissioner [Director, Superintendent] of the State of _____, and his or her successors in office, to be its lawful Attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it which is served upon this attorney shall have the same legal validity as if served personally upon the Group.

The Group gives the Insurance Commissioner [Director, Superintendent] and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 3(a)(1)(D) of the Liability Risk Retention Act of 1986.

The Group designates _____ whose address is _____ as the person to whom any process, brought against the Group and served upon the Commissioner [Director, Superintendent], shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, the Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed at the City of _____, State of _____ this _____ day of month _____ in year _____.

Attest

Signature of Corporate Secretary

Signature of owner

Name of Corporate Secretary (Printed)

Name (Typed or Printed)

PLACE CORPORATE SEAL HERE.

Sworn and Subscribed before me by above affiant this date shown above:

Signature of Notary Public

Name of Notary Public (Printed)

My Commission Expires:_____