

Insurance Department
Purchasing Group Disclosure Statement

Name of Purchasing Group _____

State of Domicile _____ Date Group Organized _____

Purchasing Group Domicile State Identification Number _____

Principal Place of Business of the Group _____

Statutory Home address _____

City _____ State _____

Mailing address _____

City _____ State _____

Company Renewal address _____

City _____ State _____

Company Renewal Contact Person/Title _____

Phone: _____ E-Mail: _____

Name of company* insurance is to be purchased from:

Name _____

NAIC Number: _____ State of Domicile _____

Street _____

City _____ State _____

Zip _____ Phone _____

*(Attach additional sheets if more than one company will be used.)

Lines of liability coverage to be purchased:

I (We), the principal officers of this Purchasing Group, certify that the members of this Purchasing Group have like or similar risk exposures as defined by the Risk Retention Act of 1986.

(Name, please print) (Title)

(Name, please print) (Title)

(Signature)

(Signature)

Date _____

Date _____

NAME OF COMPANY/COMPANIES INSURANCE TO BE PURCHASED FROM

Name

Naic Number
State of Domicile

Street

City State Zip

Phone number Fax Number

Name

Naic Number
State of Domicile

Street

City State Zip

Phone number Fax Number

Name

Naic Number
State of Domicile

Street

City State Zip

Phone number Fax Number

(attach additional sheets if more companies will be used)

Lines of liability coverage to be purchased:
