



South Carolina Department of Insurance
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Financial Regulation
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**STATE OF SOUTH CAROLINA
APPLICATION FOR REGISTRATION AS A PURCHASING GROUP
(Submitted electronically only to fnclmail@doi.sc.gov)**

1. Legal name:

2. Domiciliary State:

3. Principal place of business:

4. (2) identify all other states in which the group intends to do business;

(3) specify the lines and classifications of liability insurance which the purchasing group intends to purchase;

(4) identify the insurance company from which the group intends to purchase its insurance and the domicile of such company;

(5) specify the method by which, and the person, if any, through whom insurance will be offered to its members whose risks are resident or located in this State;

(7) provide other information as may be required by the director or his designee to verify that the purchasing group is qualified under Section 38-87-20(10).

(C) The purchasing group shall register with the department and designate the Director of the Department of Insurance as its agent solely for the purpose of receiving service of legal



documents or process, except that such requirements do not apply in the case of a purchasing group which satisfies the director or his designee that it only purchases insurance that was authorized under the Federal Products Liability Risk Retention Act of 1981, and:

(1) that in any state of the United States (a) it was domiciled before April 1, 1986; and (b) it is domiciled on and after October 27, 1986;

(2) that (a) before October 27, 1986, it purchased insurance from an insurance carrier licensed in any state; and (b) since October 27, 1986, it purchased its insurance from an insurance carrier licensed in any state; or

(3) that it was a purchasing group under the requirements of the Product Liability Risk Retention Act of 1981 before October 27, 1986.

(D) Each purchasing group that is required to give notice pursuant to subsection (A) of this section also shall furnish such information as may be required by the director or his designee to:

(1) verify that the entity qualifies as a purchasing group;

(2) determine where the purchasing group is located;

(3) determine appropriate tax treatment.

5. 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.)

6B. List the name and Individual License 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.)

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.)

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 _____