



Florida Office of Insurance Regulation

**APPLICATION FOR REGISTRATION AS A
RISK PURCHASING GROUP**

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation (Office).

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <https://www.floir.com/iportal> and select Insurance Regulation Filing System (IRFS) to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office at the following link:

<https://www.floir.com/iportal>

Any questions concerning this application packet may be directed to pcappcoord@floir.com.

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CHECKLIST

NAME OF PURCHASING GROUP: _____

COMPLETION CHECKLIST

1. _____ Notice and Registration as a Purchasing Group (Pages 5-8)
 - (a) _____ All information provided
 - (b) _____ Signed by President or CEO and Secretary
2. _____ Service of Process Consent & Agreement, Form OIR-C1-144
 - (a) _____ Signed and dated by the President or CEO and Secretary
 - (b) _____ Sealed by purchasing group (corporate seal)
 - (c) _____ Signed by designee
 - (d) _____ Form with all information provided
3. _____ For purchasing groups domiciled in the state of Florida, Articles of Incorporation, Charter, or equivalent certified within the last year by the Florida Secretary of State, and Bylaws or equivalent certified with the last year by Applicant's Secretary. Any amendments must also be submitted.
4. _____ For purchasing groups which collect premiums or pay claims, the following are submitted:
 - (a) _____ Completed Biographical Affidavits, signed, dated, and notarized. See Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11)
 - (b) _____ Background investigative reports. See Instructions for Furnishing Background Investigative Reports, Form OIR-C1-905
 - (c) _____ Completed Fingerprint cards. See Fingerprint Payment and Submission Procedure, Form OIR-C1-938
5. _____ Completed Checklist (page 2) filed with application

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INSTRUCTIONS

1. Submit the Purchasing Group - Notice and Registration (pages 6-8). All questions must be answered. Signatures by the Purchasing Group's President or Chief Executive Officer and the Secretary must be notarized and appear on this form.
2. Submit the Service of Process Consent & Agreement Form OIR-C1-144.
3. For purchasing groups domiciled in the state of Florida, Articles of Incorporation or equivalent certified within the last year by the Florida Secretary of State, and Bylaws or equivalent certified with the last year by Applicant's Secretary. Any amendments must also be submitted.

4. Florida Licensed Agents

The Notice and Registration must state the name and license number of each of the Florida licensed agents of the purchasing group. Surplus lines agents should refer to Section 627.952(l)(b), Florida Statutes, for licensure and appointment requirements. For specific licensing and appointment requirements for Florida licensed agent(s) of purchasing groups, contact the Bureau of Agent and Agency Licensing at:
<http://www.myfloridacfo.com/Division/Agents/Licensure/default.htm>

5. Purchasing Groups Using Admitted Insurance Carriers

If the Purchasing Group intends to purchase liability insurance coverage from an insurance carrier admitted in the state of Florida, the insurance carrier is subject to the policy form and rate filing requirements of Sections 627.410 and 627.062, Florida Statutes. For questions regarding policy forms and rates, contact Property and Casualty Product Review at (850) 413-3146.

6. Purchasing Groups Using Eligible Surplus Lines Carriers

Florida's Surplus Lines law will apply if the purchasing group intends to purchase liability insurance coverage from a Florida eligible surplus lines carrier. For specific guidelines regarding coverages eligible for export, refer to Section 626.916, Florida Statutes.

7. Background Requirements of Management

For each officer, director, organizer, and administrator of the purchasing group whose duties of the purchasing group include premium collection or claims payments, background information shall be submitted as below. Note: If all premiums are collected by the insurer(s) of the purchasing group, the background requirements should be omitted.

- (a) Biographical Statement and Affidavit (Form OIR C1-1423).

A Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) must be completed for each individual indicated above. All questions must be answered. All "Yes" answers must be explained.

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Each Biographical Affidavit must be signed and notarized.

The affiant's social security number must be submitted to the Office. Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office to ensure that the owners, management, officers, and directors of any entity regulated by the Office are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year or more.

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the Uniform Certificate of Authority Application (UCAA) Biographical Affidavit Form OIR-C1-1423 (NAIC Form 11) that is also included in this packet.

(b) Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

(c) Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

You will receive written notification when the registration of the purchasing group is complete and the group has been added to the official list of registered purchasing groups. It is unlawful for a purchasing group to conduct or transact business in this state until the group is properly registered. The failure to comply with Florida's requirements regarding the registration and operation of a purchasing group in Florida shall subject you to the penalties set forth in Section 627.951, Florida Statutes. See Part XIX of Chapter 627, Florida Statutes and the applicable Florida Administrative Code Rules.

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PURCHASING GROUP - NOTICE AND REGISTRATION

(All information must be typed or printed. Attach additional pages if necessary)

1. List the exact name of the Purchasing Group.

2. Indicate the form of organization (i.e. corporation, partnership, association, trust, etc.).

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

4. The Federal Employers Identification Number (FEIN) of the Purchasing Group is:

5. List any other names under which the Purchasing Group is or may be doing business in this state or any other state, if different from above.

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

- 6b. List the complete mailing address of the Purchasing Group, if different from above.

7. List all other states in which the Purchasing Group is currently registered.

8. List the state in which the majority of the Purchasing Group's business, based upon the aggregate of premiums written, is being conducted.

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9. Give a general description of business or activities engaged in by the purchasing group members.

10. The Purchasing Group's membership will consist of (list specific examples of members, i.e., dentists, attorneys, etc.):

11. List the name, address, telephone number, and title of the contact person for 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.

12. List the name address, email, and telephone number of the firm that acts as the administrator of the Purchasing Group. (If none, answer none.)

13. List the names, addresses, telephone number, and occupations of the principal officers and directors of the Purchasing Group.

Principal Officers

Principal Directors

_____	_____
_____	_____
_____	_____

14. The Purchasing Group intends to purchase the following lines and classifications of liability insurance:

15. The Purchasing Group intends to purchase the liability insurance described in item (14) above from the following insurance company or companies. Give full name of company, FEIN, and state of domicile.

NAME	FEIN	STATE OF DOMICILE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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16. The names and license numbers of Florida licensed agents (or names of those persons who will, in the near future, become Florida licensed agents) of the Purchasing Group are as follows:

Name	License Number
_____	_____
_____	_____
_____	_____

17. Specify the method by which, and the person or persons, if any, through whom insurance will be offered to its member whose risks are resident or located in this state.

18. Has any person transacting business on behalf of this Purchasing Group ever:

- (A) been arrested, indicted, and/or convicted of a felony, or is a felony charge currently pending against any such person? _____
- (B) been 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 these questions is yes, attach a supplementary statement explaining in full each such occurrence.

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APPLICATION CERTIFICATION

The below certification must be executed by two officers of Applicant, one of whom must be the President or Chief Financial Officer, and the other the Secretary*.

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ (“Applicant”) to seek registration as a Purchasing Group in Florida; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

By: _____

Print Name: _____

Title: _____

Date: _____

*Other officers will be accepted only if the applicant does not have these positions.