

RISK PURCHASING GROUP REGISTRATION FORM

Please complete the following registration form and return it to our office prior to transacting any business of insurance relative to a subject resident, located or to be performed in Alaska. This form must be accompanied by attachments noted on the instruction form and the registration fee of \$500. The check should be made out to the State of Alaska, Division of Insurance.

IMPORTANT!

THE INFORMATION LISTED ON PAGE 1, 2, 3, AND 4 OF THIS FORM INCORPORATES THE INFORMATION ON PAGE 5. ALL INFORMATION PROVIDED, INCLUDING THAT PRE-PRINTED ON THIS FORM OR INCLUDED IN ANY ATTACHMENT, IS SUBJECT TO AS 21.09.245. ANY CHANGES TO THIS INFORMATION MUST BE REPORTED IN A TIMELY MANNER. PLEASE READ THE FORM CAREFULLY.

(Please Type or Print Clearly)

1. The exact name of the Purchasing Group, the form of organization or incorporation, and the state of domicile:

2. If there are other names under which the purchasing group is or may be doing business in Alaska or any other state:

3. The complete physical address of this Risk Purchasing Group is:

4. The mailing address of this Risk Purchasing Group is:

NOTE: Please complete pages 2 through 5. This form will not be accepted unless completed in full, signed and notarized.

5. The names, addresses, telephone numbers, and occupations of all the principal officers and directors of the Risk Purchasing Group are as follows:

Principal Officers

Principal Directors

6. The name, physical address(es), mailing address(es), and telephone number(s) of the contact person(s) for the Risk Purchasing Group are as follows:

7. The purchasing group, in accordance with the Risk Retention Act of 1986, has as one of its purposes the purchase of liability insurance on a group basis; and purchases only liability, only for its members, and only for their common liability exposure(s). The following are the classes of liability the group intends to purchase:

8. List the insurance company(ies) from which the Risk Purchasing Group intends to purchase or has purchased insurance and the state of domicile of each such company:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Any insurer listed in item #8 which is admitted to do business in the State of Alaska is responsible for remitting the premium tax of 2.7%, pursuant to AS 21.09.210.

10. Is any insurer listed in item #8 an eligible Alaska surplus lines insurer? Yes No
 The surplus lines broker listed in item 12 of this form is responsible for remitting the applicable taxes and fees pursuant to AS 21.34.180 and 21.34.190. For reference, those terms are:
 A. Premium Tax: 2.7%
 B. Filing Fee: 1.0%

11. Is any insurer listed in item #8 a Risk Retention Group? Yes No
 If yes, the name, address, and telephone number of the licensed Alaska surplus lines broker (either resident or nonresident) through whom the insurance will be (has been) placed is included in item 12 of this form. The Risk Retention Group is responsible for remitting the applicable taxes and fees pursuant to AS 21.34.180. The Risk Retention Group must also be properly registered with the Division of Insurance.

12. Please note that Alaska Statute 21.34 does not permit the use of an ineligible surplus lines company. You can verify whether a company is admitted or eligible for surplus lines on our website, or a list of admitted companies and/or eligible surplus lines companies will be provided to you UPON REQUEST. If the company listed in item #8 of this form is not currently on one of our eligible lists and you still desire to place business with this company, please contact the Division of Insurance

List all persons who are going to be transacting business on behalf of the Risk Purchasing names, addresses, telephone number, occupations, employers, and Alaska license number.

(A) Has anyone transacting business on behalf of this Risk Purchasing Group ever been arrested, indicted, or convicted of a felony? (B) Has any authority ever denied any application for a professional, vocational, or business license? (C) Has any such license been suspended or revoked? (D) Has any such application been withdrawn or any license surrendered to avoid potential disciplinary action against such license?

- (A) _____
- (B) _____
- (C) _____
- (D) _____

If the answer to any part of this question is yes, a supplementary explanation is attached.

13. Membership criteria: _____

I hereby certify that I am authorized to sign for, and act on behalf of the Risk Purchasing Group. I also certify that all the information provided on the registration form is true and correct.

Name (PLEASE TYPE OR PRINT)

Signature

Executed this _____ day of _____, 20_____, at _____.

Subscribed and sworn before me this _____ day of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____

Purchasing Group Registration

See <http://www.commerce.state.ak.us/insurance/Insurance/programs/Consumers/Bulletins/1995/B95-04.htm> and http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=%5Bgroup+!27title3chap24!2C+a!2E+2!27!3A%5D/doc/%7Bt6859%7D/hits_only?

for applicable regulations and interpretation pertaining to purchasing groups in Alaska.

Please include with your application for registration:

- 08-1244, Risk Purchasing Group Registration Form (NAIC form may be used for admitted insurers)
- [08-253, Appointment of the Director of Insurance or Their Successors as Attorney for Service of Process](#)
- [08-254, Designation of Persons to Receive Service of Process](#)
- \$500 Registration fee (check payable to Alaska Division of Insurance)
- Copy of certified articles of organization
- Signed by-laws
- Copy of registration from the state of domicile.

Form 08-280 does not need to be completed for a purchasing group.

Contact:

Jeff Bodine at jeff.bodine@alaska.gov or (907) 465-4609