



**Government of the District of Columbia  
Department of Insurance, Securities and Banking**

**Stephen C. Taylor  
Commissioner**

**Risk Purchasing Group**

**Registration Instructions**

**Complete and return the registration application form including all the required attachments and information.** An incomplete or incorrect application will result in the return of your application and possible denial.

**Refer to Title 31, Chapter 4107 of the District of Columbia Code “Notice and Registration Requirements of Purchasing Group.”** You can access DC laws at [www.dccouncil.washington.dc.us](http://www.dccouncil.washington.dc.us).

**If you have any questions, contact:**

**Department of Insurance, Securities and Banking**

**Willie Hicks (202)442-7814 or [Willie.Hicks@dc.gov](mailto:Willie.Hicks@dc.gov)**

**LuCynthia Jordan-Robinson (202)442-7813 or [Lucynthia.jordan@dc.gov](mailto:Lucynthia.jordan@dc.gov)**

**Kathy Alexander (202)442-7819 or [Kathy.Alexander@dc.gov](mailto:Kathy.Alexander@dc.gov)**

**Fax number: (202)354-1084**

Each application for an initial registration as a Risk Purchasing Group shall be made on the attached form entitled “Application for Risk Purchasing Group.”

The license fee for a Risk Purchasing Group is \$250.00 and must be renewed annually prior to April 30<sup>th</sup>. Make check payable to DC Treasurer and send to the following address:

**DC Treasurer**

**c/o Department of Insurance, Securities and Banking**

**P.O. Box 92180**

**Washington, DC 20090**

Fein \_\_\_\_\_ - \_\_\_\_\_

**DC Department of Insurance, Securities and Banking  
Consumer and Professional Services Division  
Risk Purchasing Group Application**

**1.) Name of the Purchasing Group:**

\_\_\_\_\_

**2.) List any other name(s) by which the Purchasing Group is known or may be doing business in this State or any other state:**

\_\_\_\_\_

\_\_\_\_\_

**3.) (a) Form of organization (i.e., corporation, partnership, association) and the state in which organized:**

\_\_\_\_\_

**(b) Purpose(s) of organization:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.) (a) The Purchasing Group is domiciled in the State of: \_\_\_\_\_**

**(b) Address: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

5.) **Physical address of the administrative offices of the Purchasing Group, if different from response to Item (4b) above:**

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6.) **The Purchasing Group intends to purchase the following classifications of liability insurance and/or sub classifications thereof:**

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7.) **The Purchasing Group intends to purchase the liability insurance described in Item #6 above the following insurance company or companies: Give full name of company, state of domicile, NAIC code and Federal Employer Identification Number (FEIN).**

<u>Name of Company</u>	<u>State of Domicile</u>	<u>NAIC Code</u>	<u>Fein</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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8.) **List the name, address and social security number of each officer and director of the Purchasing Group: (Attach additional pages if necessary).**

<u>Name</u>	<u>Address</u>	<u>SS#</u>	<u>Position with Purchasing Grp.</u>
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- 9.) List the name, SS#, address and telephone number of the person within the Purchasing Group who is most knowledgeable about the Purchasing Group's insurance program including membership criteria and coverage:

<u>Name</u>	<u>SS#</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 10.) List the name, FEIN, address and telephone number of the company that manages or administers the insurance program for the Purchasing Group, and the name, SS# and telephone number of the person responsible for the Group's insurance program: (if none, answer none).

<u>Name</u>	<u>Fein/SS#</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 11.) List the name(s), SS#(s) and address(es) of the licensed insurance agent(s), broker(s) or excess (surplus) line broker(s) responsible for the purchase of liability insurance for the Purchasing Group and its members and the state(s) in which they are licensed: (Attach additional pages, if necessary. If none, answer none).

<u>Name</u>	<u>SS#</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 12.) 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. \*\***

- 13.) The Purchasing Group is composed of members whose businesses 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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The Purchasing Group must abide to the following:

- a.) The Purchasing Group purchases the liability insurance listed in Item #6 above only for its group members and only to cover their similar or related liability exposure, as described in Item #13 above.
- b.) The Purchasing Group has as one of its purposes the purchase of liability insurance on a group basis.
- c.) The Purchasing Group has designated the Insurance Commissioner of the District of Columbia to be its agent solely for the purpose for receiving service of legal documents or process by executing Part B of this form, attached hereto.
- d.) The Purchasing Group has submitted a registration fee of \$250.00, payable to DC Treasurer.
- e.) The Purchasing Group will not purchase any insurance policy in the District of Columbia which provides coverage prohibited generally by statute of the District of Columbia or declared unlawful by the highest court of the District of Columbia whose law applies to such policy.
- f.) The Purchasing Group will comply with all other applicable District of Columbia laws.
- g.) The Purchasing Group will notify the Insurance Commissioner of any subsequent changes in any of the items included in this form.

The undersigned hereby swear and affirm that the foregoing statements and information regarding  
Their principal, the \_\_\_\_\_ are true and correct.  
(Name of Purchasing Group)

**President of the Purchasing Group**

**Signed:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_