APPLICATION FOR REGISTRATION AS A PURCHASING GROUP

NORTH DAKOTA STATE INSURANCE DEPARTMENT

SFN 53914 (8-2007)

Name of Purchasing Group

We, the undersigned President (or Chief Executive Officer) and Secretary on behalf of the above-named Purchasing Group, make application for registration in North Dakota as a Purchasing Group ("Group") and do hereby affirm that:

1.	Group is Domiciled in the State of:	Organized Date:	Telephone Number:	
2.	Address of Group's Principal Place of Business	City	State	Zip Code
3.	Identify all other states in which the group intends to do business			
4.	The 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 general description of business or activities engaged in by Group members.			
5.	The Group has as one of its purposes the purchase of liability insurance on a group basis.			
6.	The Group purchases such liability insurance only for its group members and only to cover their similar or related liability exposure, as described in item (3) above.			
7.	The Group intends to purchase the following lines and classifications of liability insurance:			
8.	The Group intends to purchase the liability insurance described in item (6) above from the following insurance company or companies (Give full name of company and state of domicile):			
9.	Name of Broker or Agent licensed by the Insurance Commissioner through whom purchases in North Dakota will be effected			
	Address	City	State	Zip Code
10.	The Group has designated the Insurance Commissioner of North Dakota to be its agent solely for the purpose of receiving service of legal documents.			
11.	Group's Federal ID Number			

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

President or Chief Executive Officer _____
Secretary

STATE OF _____)
)ss
COUNTY OF _____)

Sworn to before me this _____ day

of _____, 20 ____.

_____

Notary Public

My commission expires: _____

(Seal)