



NORTH CAROLINA DEPARTMENT OF INSURANCE
FINANCIAL EVALUATION DIVISION
COMPANY ADMISSIONS SECTION
REGISTRATION AND APPLICATION FORM

I. Registration

Applicant Name:

Applicant mailing address:

Applicant President's name:

Applicant phone number:

Applicant fax number:

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Attestation:

I _____, after being duly sworn do hereby depose and state under oath, and certify under penalty of law, that as President of the _____ Group accept in good faith, the terms and obligations of the insurance laws of North Carolina for the consideration of the Group's registration, and that the Group has neither directly nor indirectly violated any of the provisions of Chapter 58 of the North Carolina General Statutes and all relevant amendatory and supplementary Acts. I understand that this registration, if issued, may be revoked as provided in the insurance laws. I understand and agree that the Group is required to make timely and proper financial filings upon the registration of the Group by the North Carolina Department of Insurance.

Subscribed and sealed this the _____ day of _____, 20_____.

Signature of Group President

Name of Group President (typed/printed)

Sworn and Subscribed before me by above affiant this date shown above:

Signature of Notary Public

Name of Notary Public (typed/printed)

My Commission Expires:

FOR NCDUI USE ONLY:

Initial Registration Fee \$500 _____
Renewal Registration Fee \$100 _____

Date Received: _____

Check Number: _____



**NORTH CAROLINA DEPARTMENT OF INSURANCE
FINANCIAL EVALUATION DIVISION
COMPANY ADMISSION SECTION
Risk Purchasing Group – Registration & Application Notice**

II. Application Notice:

Note: Please answer all questions. If a question is “none” or “not applicable” indicate so in the space provided.

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1. Name of Applicant:
 2. List other names that the applicant is operating as within this State or within any other jurisdiction:

3. Applicant is (CHECK ONE):

Sole Proprietorship: Corporation: Partnership:

Limited Partnership: Other:

State purpose of organization:

4. Name of State domiciled:
5. Applicant Contact Information:

Contact Name:

Title:

Street Address:

Mailing Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Email Address:

13. Provide a general description of the business or activities engaged in by the RPG?

General Questions:

- Has any person transacting business on behalf of the RPG ever been arrested, indicted, or convicted of a felony or have any charges pending?

Yes No (If YES, provide an explanation)

- Has any person transacting business on behalf of the RPG ever been denied any application for a professional, vocational, or business license?

Yes No (If YES, provide an explanation)

- Has any person transacting business on behalf of the RPG ever had a professional, vocational, or business license revoked?

Yes No (If YES, provide an explanation)

- Has any person transacting business on behalf of the RPG withdrawn or surrendered any professional, vocational, or business license to avoid disciplinary action?

Yes No (If YES, provide an explanation)

- Does the RPG only comprise of members whose businesses are similar or related with respect to the liability for which the members commonly share?

Yes No (If NO, provide an explanation)

- Does the RPG purchase insurance, specifically disclosed in this document, only for its group members and only to cover those liabilities that are commonly assumed?

Yes No (If NO, provide an explanation)

- Does the RPG have as one of its purposes the purchase of liability insurance on a group basis?

Yes No (If NO, provide an explanation)

- Has the RPG completed, properly executed, and filed with the North Carolina Department of Insurance the Power of Attorney for Service of Legal Process form?

Yes No (If NO, provide an explanation)

- Has the RPG submitted its registration fee payable to the North Carolina Department of Insurance?

Yes No (If NO, provide an explanation)

- Does the RPG agree not to purchase any insurance policy within this State that provides coverage prohibited by North Carolina State law or is declared unlawful by the highest Court of this State?

Yes No (If NO, provide an explanation)

- Does the RPG agree to comply with all applicable State laws?

Yes No (If NO, provide an explanation)

- Is it the intent of the RPG to promptly notify the North Carolina Commissioner of Insurance of any changes of the provision as set forth in this document?

Yes No (If NO, provide an explanation)

Attest:

The undersigned hereby swears and affirms that the statements and information provided in this document are accurate and true in regards to the referenced principal.

Signature of the President of the RPG

Date

Signature of the Secretary of the RPG

Date

Sworn to and subscribed before me, this the _____ day of _____, 20____ .

Notary Public

SEAL

My Commission expires _____

Mail To: North Carolina Department of Insurance
Financial Evaluation Division
1201 Mail Service Center
Raleigh, NC 27699-1201

