



**Office of Insurance Regulation**  
***Company Admissions***

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**APPLICATION FOR REGISTRATION AS A PURCHASING GROUP**

**The Office receives applications electronically. Please submit your application at <http://www.floir.com/iportal>, using the i-Apply link to Online Company Admissions.**

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

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

and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select “Form & Rate Filing Assembly and Submission” to begin the submission of forms and/or rates.

Any questions concerning this application package may be directed to the Application Coordinator at [appcoord@floir.com](mailto:appcoord@floir.com). For iApply only questions, contact the Application Coordinator at [iapply@floir.com](mailto:iapply@floir.com)

**In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.**



**Office of Insurance Regulation**  
***Company Admissions***

**PURCHASING GROUP – NOTICE AND REGISTRATION  
CHECKLIST**

NAME OF PURCHASING GROUP: \_\_\_\_\_

**COMPLETION CHECKLIST**

1. \_\_\_\_\_ Notice and Registration as a Purchasing Group form
  - (a) \_\_\_\_\_ All information provided
  - (b) \_\_\_\_\_ Signed by President or CEO and Secretary
  - (c) \_\_\_\_\_ Notarized
  
2. \_\_\_\_\_ Service of Process Consent & Agreement
  - (a) \_\_\_\_\_ Signed and dated by the President or CEO and Secretary
  - (b) \_\_\_\_\_ Sealed by purchasing group (corporate seal)
  - (c) \_\_\_\_\_ Signed by designee
  - (d) \_\_\_\_\_ Original form with all information provided
  
3. \_\_\_\_\_ For purchasing groups domiciled in the state of Florida, Articles of Incorporation, Charter and Bylaws or other legal documents evidencing that the purchasing group has been duly organized and created, to include all amendments are submitted.
  
4. \_\_\_\_\_ For purchasing groups which collect premiums or pay claims, the following are submitted.
  - (a) \_\_\_\_\_ Completed Biographical Affidavits, signed, dated and notarized.
  - (b) \_\_\_\_\_ Authority for Release of Information Forms, signed, dated and notarized.
  - (c) \_\_\_\_\_ Letter requesting background investigative reports
  - (d) \_\_\_\_\_ Completed Fingerprint cards
  
5. \_\_\_\_\_ Completed Check List returned with Purchasing Group – Notice and Registration

**OFFICE OF INSURANCE REGULATION  
PURCHASING GROUP – NOTICE AND REGISTRATION**

**INSTRUCTIONS**

1. Submit the Purchasing Group - Notice and Registration (official form enclosed). All questions must be answered. An original signature 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 document (official form enclosed)
3. For Purchasing Groups domiciled in the state of Florida, include a copy of the Purchasing Group's Articles of Incorporation, Charter and Bylaws or other legal documents evidencing that the purchasing group has been duly organized and created and all amendments thereto.

4. Florida Licensed Agents

The Purchasing Group - The Notice and Registration must state the name, social security number, 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 (850) 413-3137 ext. 110 1.

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 the Bureau of Property and Casualty Forms and Rates at (850) 413- 5303 or 413-5305.

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 follows:

- (a) Biographical Statement and Affidavit and Authority for Release of Information Forms

The Office of Insurance Regulation's forms are enclosed with this package. Submit the original of each form (see next page).

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The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 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, instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

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. The duties of the Office in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer 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.

(b) Background Investigative Report

Provide a background investigative report for each individual as indicated above. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer to form OIR-C1-905 for instructions.

(c) Fingerprint Cards

Fingerprint cards must be completed for each individual as indicated above. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Please place the completed fingerprint cards in this section.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

**Note: If all premiums are collected by the insurer(s) of the purchasing group, the background requirements should be omitted.**

Any questions regarding the registration of purchasing groups in the State of Florida should be directed to the Applications Coordination Section at (850) 413-2570. The Purchasing Group - Notice and Registration and written correspondence should be mailed to:

**OFFICE OF INSURANCE REGULATION  
PURCHASING GROUP – NOTICE AND REGISTRATION**

Office of Insurance Regulation  
Company Admissions  
200 East Gaines Street  
Tallahassee, Florida 32399-0332

**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.

**IN ORDER FOR A SUBMISSION TO BE CONSIDERED A COMPLETE APPLICATION, ALL REQUIRED INFORMATION MUST BE INCLUDED IN THE FILING. FILINGS THAT DO NOT INCLUDE ALL REQUIRED INFORMATION WILL BE DISAPPROVED OR RETURNED.**

**OFFICE OF INSURANCE REGULATION  
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.  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE OF INSURANCE REGULATION  
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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, 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

