

1. Exact 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:

\_\_\_\_\_  
\_\_\_\_\_

c) Attach certified copy of formation documents (Articles of Incorporation, Articles of Association, etc.)

\_\_\_\_\_

d) If formation documents are not attached, please explain why.

\_\_\_\_\_  
\_\_\_\_\_

e) FEIN \_\_\_\_\_

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

b) Complete physical street address: \_\_\_\_\_

c) Mailing address: \_\_\_\_\_

d) Telephone number: \_\_\_\_\_

e) Facsimile number: \_\_\_\_\_

f) E-mail address: \_\_\_\_\_

5. Physical address, telephone and fax number of the administrative offices of the Purchasing Group, if different from response to Items 4(b)-(e) above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 from the following insurance company or companies: [Give full name of company, state of domicile, NAIC code and Federal Employer Identification Number FEIN].

Name of Company	State of Domicile	NAIC Code	FEIN

8. List the name, address, social security number (SS#) and primary occupation of each officer and director of the Purchasing Group: (Attach additional pages if necessary.)

Position with Primary

Name	Address	SS#	Purchasing Group	Occupation

9. 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:

Name	SS#	Address	Telephone No.

10. 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:

Name	FEIN/SS#	Address	Telephone No.

11. List the name(s), SS#(s), address(es) telephone number and California license number 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 in this State: (Attach additional pages, if necessary.)

Name	SS#	Address	Telephone No.	CA License

12. Specify the method by which insurance will be solicited and offered to the Group's members whose risks are located in this State:

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13. Provide sample copy of the Group's notice to its policyholders required by California Insurance Code 135(b).

14. Provide evidence of registration as a purchasing group from the insurance regulatory authority in the group's domiciliary state.

15. Has any officer of or person transacting business on behalf of this Purchasing groupever:

- 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? \_\_\_\_\_
- e) been the subject of regulatory proceedings conducted by any state or federal regulatory agency? \_\_\_\_\_
- f) Within the past 10 years, has any organization of which any officer or director of the purchasing group was an officer, director, trustee, managing general agent, or controlling stockholder ever become insolvent, been placed in conservatorship, receivership or liquidation, or ordered to cease and desist doing business in whole or in part, or had its Certificate of Authority, License, or Registration suspended, revoked or denied, or voluntarily withdrawn its application? \_\_\_\_\_

If the answer to any part of this question is yes, attach a supplementary statement explaining in full each such occurrence.

16. 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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17. 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 #16 above.

18. The Purchasing Group has as one of its purposes the purchase of liability insurance on a group basis.

19. The Purchasing Group has designated the Insurance Commissioner of this State 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.

20. The Purchasing Group has submitted a registration fee payable to the California Department of Insurance.

21. The Purchasing Group will not purchase any insurance policy in this State which provides coverage prohibited generally by statute of this State or declared unlawful by the highest court of this State whose law applies to such policy.

22. The Purchasing Group is aware that admitted insurers identified in Item 7 (above) must comply with California rate and form requirements.

23. The Purchasing Group will comply with all other applicable state laws.

24. The Purchasing Group will notify the Insurance Commissioner of changes in any of the items reported in this form within 30 days of such change.

25. A duly certified copy of the order or resolution of the Board of Directors of the Purchasing Group, association or society authorizing the President and Secretary to execute this application for and on behalf of the Purchasing Group is attached.

The undersigned hereby swear and affirm under penalty of perjury under the laws of the State of California that the foregoing statements and information regarding their principal, the \_\_\_\_\_ are true and correct.

(Name of Purchasing Group)

\_\_\_\_\_  
President of the Purchasing Group

\_\_\_\_\_  
(Print or type full name)

\_\_\_\_\_  
Secretary of the Purchasing Group

\_\_\_\_\_  
(Print or type full name)

STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE  
**PURCHASING GROUP – NOTICE AND REGISTRATION**  
CDI-049 (Rev. 11/2019)

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Notary Public)

personally appeared \_\_\_\_\_,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)