



**JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA**

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214
Phone (225) 342-5900
Fax (225) 342-3078
<http://www.lidi.la.gov>

**INSTRUCTIONS FOR
APPLICATION TO ACT AS A
RISK PURCHASING GROUP
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (225) 219-7549
Fax: (225) 219-9322

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) All submittals in association with this application must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 2) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 3) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms
- 4) All original items submitted become the property of the Louisiana Department of Insurance and **will not be returned**.
- 5) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.

- 6) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.
- 7) We must be notified of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors and changes in address or domicile. Failure to notify us of such changes may result in disapproval of the application.
- 8) Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- 9) All of the pages from the enclosed Application must be returned with the submittal. The forms may be reproduced as needed.
- 10) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.

FILING OF RATES AND FORMS

If the applicant group will be purchasing insurance from a company admitted in Louisiana, the rates and forms must be filed with the appropriate divisions of this Department before the group begins doing business. Use of rates and forms which have not been approved by this Department is a violation of the Insurance Code and will be treated as such.

NOTIFICATION OF REGISTRATION

This Department will notify the applicant when the registration process is complete. Until the company receives this notification, it is not registered in this state and may not transact business in this state.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: Where can I find the laws and regulations governing insurance in Louisiana?

A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code and most laws enacted by the Louisiana Legislature which affect insurers and insurance can be found in that Title. Copies of the Louisiana Insurance Code can be obtained from private printing companies which specialize in statutory printing. In addition to the statutes, the Commissioner of Insurance has issued many regulations, rules and directives. Copies of these items may also be obtained from publishers specializing in printing legal and regulatory documents. One such company is given below.

National Insurance Law Service
P.O. Box 2507
Chatsworth, CA 91313
1-800-423-5910

Q: What is the time-frame for the review of an application?

A: This Department makes every effort to review all applications as soon after submittal as possible. The review process can be expected to take from thirty (30) to sixty (60) days from receipt of a complete application. Please take this time-frame into account when considering deadlines and operation schedules for the applicant.

Q: We began filing an application previously but never completed the registration process. Can we use any of the documentation submitted in association with that application again?

A: No. Once an application is disapproved, for any reason, the file is closed and the information submitted cannot be used in subsequent applications.

Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application. HOWEVER, Upon request the Department can make arrangements to send the forms via e-mail in Microsoft Word ® format. ANY changes to the content of the form will result in the immediate disapproval of the application and forfeiture of all fees.

COMMON QUESTIONS CONTINUED

Q: Can we meet with the Department for a preliminary review of our application prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this Office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.

Q: If the group is placing business with an insurer which is an approved surplus lines insurer in Louisiana, must the business be placed through a licensed surplus lines broker?

A: Yes. All business placed with a surplus lines company in Louisiana must be placed using a surplus lines broker licensed in Louisiana.



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**APPLICATION TO ACT AS A
RISK PURCHASING GROUP
IN THE STATE OF LOUISIANA**

General Information (Type or Print) Name of applicant must be as it appears on the organizational documents of the applicant.	
LEGAL NAME OF APPLICANT: _____	
TRADE NAME: _____	
FEIN: _____	DOMICILE: _____
CONTACT NAME: _____	CONTACT TITLE: _____
PHONE: _____	FACSIMILE: _____
CONTACT ADDRESS: _____	

E-MAIL: _____	

FEES	
Initial Application *	\$ 100.00
Total Amount This Check	

* If the domiciliary state of the applicant charges an amount greater than \$100.00 for registration of a Louisiana domiciled purchasing group the fee for registration in Louisiana is equal to that greater fee.

SECTION 1 – ADDRESS AND CONTACT INFORMATION

DOMICILE ADDRESS: Below give the domiciliary address of the applicant.		
Address:		
City:	State:	Zip:

MAILING ADDRESS: Below give the mailing address of the applicant.		
Address:		
City:	State:	Zip:

ADMINISTRATIVE OFFICE ADDRESS: Below give the physical address of the main administrative office of the applicant.		
Address:		
City:	State:	Zip:

PRIMARY CONTACT: Below give the name, address, phone number and email address for the primary contact person with whom this Department should communication after completion of the registration process.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

WEB ADDRESS: If the applicant maintains a web site, give the URL or World Wide Web address of the site.		

PROCESS FORWARDING: Below give the name and address for the person to who service of process should be forwarded when received by the Commissioner of Insurance.		
Name:		
Address:		
City:	State:	Zip:

SECTION 2 - LIST OF INSURERS FROM WHICH THE GROUP IS PURCHASING

Below provide the name and NAIC number of each insurer from which the applicant will be purchasing

Company Name	Domicile	NAIC

SECTION 3 - LIST OF MANAGEMENT AND OWNERS

Below give the full legal name (no initials), social security number, date of birth, state of residence, position with the applicant and the percentage of ownership (if applicable) of the applicant of all natural persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and every natural person owning, directly or indirectly, 10 percent or more of the applicant and any other natural person who exercises control or influence over the affairs of the applicant.

FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:

SECTION 4 - ATTACHMENTS

In order to be processed, this application must have the following items attached.

EXHIBIT A - Letter of Good Standing from the proper official of the domiciliary state confirming registration of the applicant as a purchasing group in that state. This letter, certificate or other confirmation must be dated within ninety (90) days of submission to this Department.

EXHIBIT B - Appointment of Agent for Service form properly completed.

EXHIBIT C- A detailed description of the corporate organizational/ownership structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages for any persons owning 10 percent or more of the applicant and all affiliated entities up to and including the ultimate controlling person. The chart must include the state of domicile and the Federal Employer Identification Number (FEIN) for each person. For a sample chart please go to our web site at <http://www.lidi.la.gov/industry/company-licensing/other-documents>. If there is no person who owns, directly or indirectly, 10 percent or more of the applicant then you must provide a statement to that effect in lieu of this exhibit.

SECTION 5 - INTERROGATORIES

All of the following questions must be answered for every applicant.

1) Has the applicant ever had an application denied by any insurance regulatory authority? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever changed its name? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has any person who is presently an officer, director or owner of 10% or more of the applicant ever been convicted or pleaded guilty or nolo contendere to, or found liable of indictment or information in any jurisdiction charging a felony or misdemeanor other than minor traffic violations? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Does the group have as one of its purposes the purchase of liability insurance on a group basis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Will the group be purchasing such liability insurance only for its members and only to cover their similar or related liability exposure as described in this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Is the applicant presently licensed as an insurance agent or broker in any state or jurisdiction? (If yes, attach an explanation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 6 - GENERAL INFORMATION

1) Give a general description of the common business or activities engaged in by the members of the applicant..

2) Give a list of the lines and classifications of liability insurance which the applicant will be purchasing.

3) Give the name and address and Louisiana License number of the insurance producer through which the applicant will be purchasing insurance. If the applicant will be purchasing from a surplus lines company, give the name, address and Louisiana license number of the surplus lines producer through which the business will be placed.

License #

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____ and _____ who, after being duly sworn, did depose and say that all information contained in this application and all attachments thereto is, to the best of his knowledge, true, complete and correct.

Signature of Witness

Signature of Applicant Representative

Printed Name of Witness

Printed Name and Title of Applicant Representative

Signature of Witness

Signature of Applicant Representative

Printed Name of Witness

Printed Name and Title of Applicant Representative

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires _____



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APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

State of _____

County of _____

Purchasing Group Name : _____

The entity named above, organized under the laws of _____, having applied for registration in Louisiana as a risk purchasing group, pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the Louisiana Commissioner of Insurance and his successors in office as the agent upon whom may be served any notice, process or pleading as required by law in any action or proceeding against it in the state of Louisiana; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within Louisiana; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as the entity is registered as a risk purchasing group in the state of Louisiana. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided herein.

I _____ as _____ of _____ do hereby acknowledge that I am authorized to execute and am executing this document on behalf of the entity first named above and do further certify under penalty of perjury that all of the forgoing is true and correct.

Signature of Witness

Printed Name of Witness

Signature of Witness

Printed Name of Witness

Signature of Executive Officer or Other Comparable Responsible Person

Printed Name of Signatory

Title or Position of Signatory

SWORN TO and subscribed before me this _____ day of _____, 20____.

Signature of Notary

NOTARIAL SEAL/STAMP

Printed Name of Notary

My Commission Expires _____