



# STATE OF MAINE Bureau of Insurance

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**Overnight delivery:** USPS Express overnight  
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## Risk Purchasing Group Registration

A \$100 REGISTRATION FEE IS DUE WITH YOUR APPLICATION

--Please Make Payable to Treasurer State of Maine--

1. Name of Risk Purchasing Group:	2. Legal State	3. FEIN/SSN (if none indicate N/A)
4. Business Mailing Address:		5. Contact person:  Phone # Email:
6. Street Address, if different from Mailing Address:		
7. Specify lines and classification of liability insurance that this purchasing group intends to purchase:		
8. Please provide a description of the method by which the referenced liability insurance will be offered to purchasing group members with Maine risks:		
9. List the Maine licensed insurance company(ies), eligible surplus lines carrier(s), or Risk Retention Group(s) from which the purchasing group intends to purchase insurance:  (1) _____(3) _____ (2) _____(4) _____		
10. Maine licensed producers transacting business on behalf of the purchasing group: (producer must be an individual, not an agency) Name: _____ ME. Lic# _____ Name: _____ ME. Lic# _____		

### PURCHASING GROUPS DOMICILED IN MAINE:

11. Describe business or activities which are similar or related with respect to the liability to which members of the Purchasing Group are exposed.

I hereby state that all the information presented herein is true and correct and that I am authorized to sign for and act on behalf of the Purchasing Group.

*The Risk Purchasing Group **is not considered registered** until notified by the Superintendent that it has met all statutory requirements to be considered registered in Maine*

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature