



**STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**

INFORMATION CONCERNING PURCHASING GROUP REGISTRATION

Thank you for your interest in obtaining registration as a qualified purchasing group in the Commonwealth of Virginia. Virginia enacted a risk retention and purchasing group law effective July 1, 1987 ([Chapter 51 \(Section 38.2-5100 et seq.\) of the Code of Virginia](#)). A link to this law may be found on the Bureau of Insurance's website at <http://www.scc.virginia.gov/boi/laws.aspx>.

In order for the Purchasing Group to become registered to purchase insurance for its Virginia members, the following information must be submitted. There are no fees associated with the application for registration as a qualified purchasing group in this Commonwealth. Please note that once the Purchasing Group is registered, the Commission must be notified within ten days of any changes in the following items:

1. The full name of the Purchasing Group.
2. The Employer Identification Number (EIN) of the Purchasing Group.
3. The state of domicile of the Purchasing Group.
4. The date of organization of the Purchasing Group.
5. Evidence of both valid domestication and proper registration in the Purchasing Group's state of domicile. The documentation should have been issued within three (3) months of the application filing date. Supporting evidence of valid domestication and proper registration in the Purchasing Group's state of domicile may be provided by submitting a letter provided by the Purchasing Group's Domestic Department of Insurance stating that the Purchasing Group is both domiciled and registered in the State and/or by submitting a copy of the Purchasing Group's Articles of Incorporation, if applicable.
6. The names of all states in which the Purchasing Group intends to do business.
7. The principal place of business and address of the Purchasing Group.
8. The mailing address of the Purchasing Group, if different.
9. The website address of the Purchasing Group, if applicable.
10. The name, telephone number, facsimile number, and e-mail address of the regulatory contact person for the Purchasing Group.
11. The lines and classifications of insurance to be purchased by the Purchasing Group.
12. The similar or related liability exposure of members of the Purchasing Group.
13. Examples of the type of liability that members of the Purchasing Group will be exposed.

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14. The name, NAIC number, EIN, state of domicile, business address and telephone number of the insurance carrier(s) that will provide insurance for the Purchasing Group. Please note that the Purchasing Group's carrier(s) must be licensed in the state in which the Purchasing Group is "domiciled" or "formed", unless the purchase is effected through a licensed agent(s) or surplus lines broker(s) acting pursuant to the surplus lines laws and regulations of such state.
15. The name, EIN, business address and telephone number of the company that manages or administers the insurance program for the Purchasing Group.
16. The method(s) that will be used to offer insurance to members of the Purchasing Group whose risks are resident or located in this Commonwealth. This includes explaining the Purchasing Group's plans for marketing insurance to its members.
17. The name, license number, business address and telephone number of the licensed insurance agent(s) or surplus lines broker(s), if any, who will utilize the above-listed methods to offer insurance to members of the Purchasing Group and who will be responsible for the purchase of liability insurance for members of the Purchasing Group whose risks are resident or located in this Commonwealth.
18. A completed Appointment of Agent form. The Appointment of Agent form is a statement of registration designating the Clerk of the State Corporation Commission as the Purchasing Group's agent for purposes of receiving service of legal documents or process.

In addition, please note the following:

If the Purchasing Group will purchase auto liability, please note that Virginia Administrative Letter 2008-06 explains when Virginia automobile standard policy forms are required to be used by Risk Purchasing Group registered to do business in Virginia. A link to Virginia Administrative Letter 2008-06 may be found on the Bureau's website at: <http://www.scc.virginia.gov/boi/adminlets/08-06.pdf>

Any agent(s) or surplus lines broker(s) acting or offering to act on behalf of a Purchasing Group MUST be licensed pursuant to Chapter 18 and Chapter 48 of the Code of Virginia.

If the Purchasing Group is "domiciled" or "formed" in Virginia, all taxes due from the insurer carrier(s) or surplus lines broker(s) must be paid to this Commonwealth.

If the Purchasing Group is "domiciled" or "formed" in Virginia, the insurance carrier(s), if licensed, will be contacted by the Property and Casualty Division's Rules, Rates and Forms Section of the Bureau of Insurance for appropriate filing procedures. Purchasing groups NOT "domiciled" or "formed" in Virginia are exempt from this filing requirement.

Questions relating to the registration of purchasing groups may be directed to:

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APPOINTMENT OF AGENT

For Appointment of Agent by a Risk Purchasing Group doing business in Virginia under Chapter 51, Title 38.2 of the Code of Virginia.

KNOW ALL MEN BY THESE PRESENTS:

That _____, a risk purchasing group domiciled in the State of _____, by its duly authorized representative has agreed and by these presents do agree that upon and after providing notice to the State Corporation Commission of the risk purchasing group's intention to transact business in the Commonwealth of Virginia, any action or suit against the risk purchasing group arising out of or on account of the transaction of the business of insurance in the Commonwealth of Virginia may be brought in the city or county in which the cause of action arises or the claimant resides.

That _____, by its duly authorized representative has further made, constituted and appointed, and by these presents do make, constitute and appoint the Clerk of the State Corporation Commission and his successor or successors in office, to be its true and lawful agent upon whom all legal process against the risk purchasing group in all actions or suits arising out of or on account of the group's transaction of the business of insurance in the Commonwealth of Virginia may be served, which service shall be binding upon the risk purchasing group.

IN WITNESS WHEREOF, _____, the duly authorized representative of _____, acting on behalf of the risk purchasing group, has executed this appointment, in triplicate, by affixing hereto the name of the risk purchasing group and his own name as the authorized representative of the risk purchasing group this _____ day of _____, 20____.

(AUTHORIZED REPRESENTATIVE)

SEAL

(TYPED NAME)

(TITLE)

State of _____

City/County of _____

Sworn before me this _____ day of _____, 20____.

_____, Notary Public. My Commission Expires: _____