

REGISTRATION FOR RISK PURCHASING GROUP (RPG)

Ref: s. 601.72 (2m), Wis. Stat.

A risk purchasing group (RPG) may not do an insurance business or engage in any insurance activity in this state until it registers with the Commissioner [s. 601.72 (2m), Wis. Stat.]. In order to register, complete this registration as a risk purchasing group in Wisconsin and e-mail the completed form to the address below:

RPG Information			
Complete RPG name:			
State of domicile:			
Principal address of RPG:			
City:	S	tate:	ZIP Code:
Name of contact person (update inquiries will be sent annually t	o this person):		
Contact person's e-mail address:			
Contact person's telephone number:			
Address of contact person:			
City:		tate:	Zip Code:
Estimated written premium for the current year:			
Estimated written premium for the following year:			
Classifications of insurance written:	T		
License Number if applicable:	FEIN:		
Company Type (Ilc, corp, Ilp, etc):			
Wisconsin-Licensed Insurance Agent Information			
Section 628.03 (1m), Wis. Stat., states a risk purchasing group may not allow a natural person to solicit, negotiate or obtain insurance on its behalf if the risk purchasing group knows that the natural person is not licensed as required by this subsection.			
Name of agent:			
E-mail address of agent:			
Address of agent:			
City:	S	tate:	ZIP Code:
License number/NPN of agent:			
Is agent licensed for surplus lines? YES NO			
Insurance Company Information			
Name of insurance company:			
Address of insurance company:			
City:	S	tate:	ZIP Code:
FEIN:			
State of domicile of insurer:			
Designation of the Office of the Commissioner of Insurance as agent for the purpose of service of process for legal documents. Please complete form OCI 26-802 and e-mail with the completed registration form.			
The purpose of the group is to purchase commercial or public entity liability insurance on a group basis, to purchase commercial liability insurance only for group members and only for similar related liability exposure, and is composed solely of members who have similar liability exposure because of related, similar or common business activities, products, or services or premises. YES			
The group intends to do business in Wisconsin. YES			

Please e-mail completed form to: $\underline{ociagent licensing@wisconsin.gov}.$