Oregon Department of Consumer and Business Services
Division of Financial Regulation
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dfr.oregon.gov

Risk purchasing group registration application

Instructions

Risk purchasing groups must register with the Department of Consumer and Business Services in order to do business in the state of Oregon.

To apply for registration, complete Form 440-3663 and return it with your $100 registration fee to the address on the form.

After receiving your application, we will let you know as soon as possible if there are questions or problems. You may start business when you receive written notice that your registration is activated.

Oregon Revised Statutes (ORS) 735.325 through 735.365 and Oregon Administrative Rules (OAR)

836-28-0010 through 0020 governing risk purchasing groups are available on the Oregon Division of Financial Regulation's website: dfr.oregon.gov.

Each year, a risk purchasing group must pay $100 to renew the registration. The registration renewal fee is due by April 1 of each year. If not received timely, the purchasing group will become inactive. To renew your registration each year, you will be instructed to use our Web-based system, iReg, to update contact and address information, as well as print a payment coupon to send with the required $100 renewal fee.

A risk purchasing group must amend its registration in Oregon when the group changes any of the following:

1. The principal place of business of the purchasing group (including the street address, city, state, and ZIP; the mailing address, if different; and the phone number)
2. The insurer or risk retention group from whom coverage is purchased
3. The lines or classifications of liability insurance that the purchasing group purchases

The Oregon Insurance Division must be notified in writing of these changes as soon as possible. Do not wait until the renewal of your registration to make these changes.

Applications and questions relating to the registration or renewal of the registration should be directed to Insurance Institutions at 503-947-7982 or orinsreg.ins@dcbs.oregon.gov.

Registration as a Purchasing Group

Section 1. Required Data

Name of purchasing group: _____

Domicile: _____ Date established: _____ FEIN number: _____

Physical address: _____

City: _____ State: _____ ZIP: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Administrative contact person: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Lines and classifications of liability insurance to be purchased:

_____

Coverage will be purchased from (check one):

- ☐ Insurer authorized to transact insurance in Oregon
- ☐ [Surplus lines] Eligible non-admitted insurer
- ☐ Registered risk retention group

Provide the following information for the provider of coverage checked above:

Name: _____

Indicate the name of the appointed agent of the insurer or the surplus lines licensee through whom such insurance will be placed:

Name: _____

Oregon license: _____ Phone: _____

Official use only		
92010	1564	$100.00

Section 2. Affirmation and Execution

The purchasing group is composed of members whose business 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, as follows:
(Give general description of business or activities engaged in by purchasing group members.)

I certify that all statements and information in this registration are true and correct and that I have the authority to execute and file this registration for the purchasing group, and I take notice of the prohibition under ORS 731.260 against false or misleading filings with the director of the Department of Consumer and Business Services.

Execution:
Form should be signed by president or chief executive officer, or other authorized representative or agent for the purchasing group.

Signature of officer: _____

Title: _____

Type or print name: _____

To be complete, your application must be submitted with all of the following:

1. Registration fee of $100 per OAR 836-009-0007(10)
2. Original of application form
3. Original of Appointment of Attorney to Accept Service form
4. Certificate of Registration from domiciliary state per ORS 735.305(10)

Your registration is not effective until you receive notification from this office.

DFR | Division of Financial Regulation
Department of Consumer and Business Services
440-3663 (10/25/COM)