



Department of Consumer and Business Services  
Insurance Division — 4

[insurance.oregon.gov](http://insurance.oregon.gov), Email: [web.inscomp@state.or.us](mailto:web.inscomp@state.or.us)

Phone: 503-947-7982, Fax: 503-947-7862

P.O. Box 14480, Salem, OR 97309-0405

350 Winter St. NE, Salem, Oregon 97301-3883

**Instructions for  
Risk Purchasing Group  
Registration Application**

**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 DCBS Insurance Division's website: [insurance.oregon.gov](http://insurance.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@state.or.us](mailto:orinsreg.ins@state.or.us)



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**Remit with payment to:**

Fiscal Services Section  
Oregon Department of Consumer  
and Business Services  
P.O. Box 14610  
Salem, OR 97309-0445

**Registration as a  
Purchasing Group**

**Section 1. Required Data**

1. Name of purchasing group: \_\_\_\_\_

Domicile: \_\_\_\_\_ Date established: \_\_\_\_\_ FEIN number: \_\_\_\_\_

2. Mailing address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

3. Physical address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

4. Administrative contact person: \_\_\_\_\_

Mailing address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

5. Lines and classifications of liability insurance to be purchased: \_\_\_\_\_

6. Coverage will be purchased from (check one):

Insurer authorized to transact insurance in Oregon

[Surplus lines] Eligible non-admitted insurer

Registered risk retention group

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

Name: \_\_\_\_\_

8. 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 II. 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.)*

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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:

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Signature of officer

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Title

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Type or print name

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

**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.**

