



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

Form E-711: Purchasing Group List of Insurers and Agents

SECTION A: Applicant Identity		Department Use:
Applicant Name:		FEIN #:
DBA Name (if applicable):		State of Domicile:

SECTION B: Complete Insurer name, NAIC #, Agent name, License #, and select appropriate type.		
Insurer Name:	NAIC #:	Admitted: <input type="checkbox"/>
		Surplus Lines: <input type="checkbox"/>
		Risk Retention Group: <input type="checkbox"/>
Agent Name:	License #:	Licensed Agent: <input type="checkbox"/>
		Surplus Lines Broker: <input type="checkbox"/>
		Direct Placement: <input type="checkbox"/>

Insurer Name:	NAIC #:	Admitted: <input type="checkbox"/>
		Surplus Lines: <input type="checkbox"/>
		Risk Retention Group: <input type="checkbox"/>
Agent Name:	License #:	Licensed Agent: <input type="checkbox"/>
		Surplus Lines Broker: <input type="checkbox"/>
		Direct Placement: <input type="checkbox"/>

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Agent Name:	License #:	Licensed Agent: <input type="checkbox"/>
		Surplus Lines Broker: <input type="checkbox"/>
		Direct Placement: <input type="checkbox"/>

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		Surplus Lines: <input type="checkbox"/>
		Risk Retention Group: <input type="checkbox"/>
Agent Name:	License #:	Licensed Agent: <input type="checkbox"/>
		Surplus Lines Broker: <input type="checkbox"/>
		Direct Placement: <input type="checkbox"/>

Send the registration documents to erica.bowsher@difi.az.gov. DO NOT send a hard copy filing.