



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

EMAIL THE COMPLETED APPLICATION AND ATTACHMENTS TO PROPCAS@DIFI.AZ.GOV. PLEASE DO NOT MAIL A HARD COPY.

Product Filing and Compliance Division
Phone: (602) 364-2393
Web: https://insurance.az.gov
Email: propcas@difi.az.gov

APPLICATION FOR REGISTRATION OF ADVISORY ORGANIZATION
ARS § 20-368 & ARS § 20-390

SECTION I: GENERAL INFORMATION

Applicant's Full Company Name:

Applicant's Federal Employer ID Number: State of Domicile:

Home Office: (Street and Number) (City, State and Zip Code) (Telephone Number)

Mailing Address: (Street and Number) (City, State and Zip Code) (Telephone Number)

Contact Person: (Name) (Title) (Telephone Number) (Email Address)

SECTION II: APPLICATION INFORMATION

- A) The Company Named Is (check one):
- A Corporation
- A Limited Liability Company
- An Unincorporated Association
- A Partnership
- An Individual
B) Check all that apply and separately, as an attachment II-1, Identify the type(s) insurance the company is intending to advise:
- AO ARS § 20-368 (Title and/or Workers' Compensation)
- AO ARS § 20-390 (List Any Other Property and Casualty Lines)

SECTION III: ADVISORY ORGANIZATION - [ARS § 20-390](#) and [ARS § 20-368](#)

THE APPLICANT NAMED IN SECTION I ABOVE HEREIN REGISTERS WITH THE DIRECTOR OF THE ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS AS AN ADVISORY ORGANIZATION PURSUANT TO THE PROVISIONS OF [ARS § 20-381](#) and [ARS § 20-390](#) or [ARS § 20-368](#). THE APPLICANT HEREWITH FILES WITH THE DIRECTOR THE FOLLOWING DOCUMENTS:

- A) A copy of the applicant's constitution, articles of agreement or association or its certificates of incorporation (attach as Exhibit III-1)
- B) A copy of the applicant's bylaws, rules and regulations governing its activities (attach as Exhibit III-2).
- C) A list of the applicant's insurance company members (attach Exhibit III-3).
- D) The name, address, and telephone number of a resident of this state upon whom notices and orders of the director or service of process affecting the advisory organization may be served (attach as Exhibit III-4).

PLEASE NOTE: AN ADVISORY ORGANIZATION SHALL PROMPTLY FILE, VIA SERFF, ANY AMENDMENTS TO A DOCUMENT REQUIRED TO BE FILED PURSUANT TO [ARS § 20-390](#) or [ARS § 20-368](#).

SECTION IV: AFFIDAVIT

I, _____, _____,
(TYPED NAME OF SIGNATORY) (TITLE OF SIGNATORY)

AM A PRINCIPAL OR AN OFFICER OF _____.
(COMPLETE NAME OF APPLICANT)

AND I HAVE THE AUTHORITY TO BIND THE APPLICANT, AND MAKE THE FOLLOWING ATTESTATIONS:

1. I CERTIFY THAT ALL INFORMATION PROVIDED IN ALL SECTIONS OF THIS APPLICATION AND IN ALL ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. I ALSO ACKNOWLEDGE THAT PURSUANT TO [ARS § 20-390](#) AN ADVISORY ORGANIZATION IS REQUIRED TO NOTIFY THE DIRECTOR OF ANY AMENDMENTS TO THE FOLLOWING: a) ITS CONSTITUTION, ARTICLES OF AGREEMENT OR ASSOCIATION OR ITS CERTIFICATE OF INCORPORATION; AND b) ITS BYLAWS, RULES AND REGULATIONS GOVERNING THE CONDUCT OF ITS BUSINESS; AND c) ITS MEMBERS; AND d) THE NAME AND ADDRESS OF THE ARIZONA RESIDENT DESIGNATED BY THE APPLICANT UPON WHOM NOTICES OR ORDERS OF THE DIRECTOR OR PROCESS AFFECTING THE ADVISORY ORGANIZATION MAY BE SERVED.
3. THE APPLICANT AGREES AND ACKNOWLEDGES THAT THE DIRECTOR MAY EXAMINE THE ADVISORY ORGANIZATION IN ACCORDANCE WITH THE PROVISIONS OF SECTION [ARS § 20-370](#) and [ARS § 20-394](#).

(SIGNATURE OF A PRINCIPAL OR AN OFFICER OF THE APPLICANT)

(DATE OF SIGNATURE)