



Attn: Purchasing Group Registration Team
Arizona Department of Insurance
 100 North 15th Avenue, Suite 261
 Phoenix, Arizona 85007-2630

Phone: (602) 364-3450
 Email: ebowsher@azinsurance.gov

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

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

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| 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"/> |

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