



FORM A-212

Employers ID No. _____

RECIPROCAL OR INTER-INSURANCE EXCHANGES

Application to the Commissioner of Insurance of the State of Texas for Authority to Transact
 Business Pursuant to Chapter 19 of the Texas Insurance Code

COMMISSIONER OF INSURANCE:

The undersigned hereto show compliance with law and request that a Certificate of Authority be issued, pursuant to Chapter 19, Texas Insurance Code.

Section 1. Certain individuals, partnerships and corporations of Texas, hereby designated Subscribers, are authorized by said law to exchange reciprocal or inter-insurance contracts with each other or with individuals, partnerships and corporations of other states and countries, providing indemnity among themselves from any loss which may be insured against under other provisions of the laws, excepting life insurance, and for such purpose desire to engage in such business.

Section 2. That such contracts are to be executed by the undersigned duly appointed Attorney-in-Fact, duly authorized and acting for such Subscribers. The office or offices of such Attorney are to be maintained at the place designated by the Subscribers in the Power of Attorney as hereinafter set forth.

Section 3. That such Subscribers so contracting among themselves do now, through their Attorney, file with the Commissioner of Insurance of Texas, the following declaration, verified by the oath of the undersigned Attorney, setting forth the following, to wit:

(a) The name or the title under of the Exchange and the Attorney-in-Fact at which Subscribers propose to exchange such indemnity contracts is: _____

(b) The kinds of insurance to be effected or exchanged (please refer to Standard Coverages Page for lines of insurance or attach Page to packet): _____

(c) Attached hereto and marked Exhibit "A" is a copy of the form of policy contracts or agreements under and by which such insurance is to be effected or exchanged.

(d) Attached hereto and marked Exhibit "B" is a copy of the form of the Power of Attorney or authority of such Attorneys under which such insurance is to be effected or exchanged.

(e) The location of the office or offices from which such contracts or agreements are to be issued is: _____

Section 4. That concurrently with the filing of the declaration in Section 3 hereof, the Attorneys have filed with the Commissioner of Insurance an instrument in writing executed by them for said Subscribers conditioned that, upon issuance of certificates of authority provided for in Article 19.04 of said Chapter 19, service of process may be had upon the Commissioner of Insurance in all suits in Texas arising out of such policies, contracts or agreements, which service shall be valid and binding upon all Subscribers exchanging at any time reciprocal or inter-insurance contracts through such Attorneys, and that such instrument in writing is attached hereto and marked Exhibit "C".

Section 5. That the maximum amount of indemnity upon any single risk does not exceed _____ Thousand Dollars, and that the undersigned Attorney has examined and caused to be examined the commercial rating of Subscribers as shown by the reference of a Commercial Agency (viz. Dun & Bradstreet), each having at least one hundred thousand Subscribers, and that it has been found and ascertained upon such examination, or from other information in the possession of the said Attorney, that no Subscriber has assumed on any single risk an amount greater than ten percent of the net worth of such Subscriber, except as provided in the workers' compensation act with reference to the non-limitation of the maximum amount of indemnity upon any single risk and the Subscriber's liability which shall not exceed _____.

Section 6. Attached hereto is a financial statement showing the financial condition of affairs at the office where such contracts are issued in accordance with the standard of solvency provided for in said Chapter 19, and showing that such reserves and such surplus of assets over all liabilities, including reserves, are maintained as prescribed by Article 19.06 of said Chapter 19.

Application is hereby made for a Certificate of Authority as by law provided, for the issuance of which a fee of \$ _____ is tendered herewith.

I, _____, Attorney-in-Fact for said Subscribers of said Inter-Insurance Exchange, at said office, being duly sworn, say that each and all of the foregoing declarations and statements are true and correct.

Attorney-In-Fact
*(an individual a partnership, a corporation)

**Designate*

SUBSCRIBED AND SWORN to before me, by _____
on this _____ day of _____, 20 _____

Notary Public in and for _____ County,
State of _____
My commission expires in _____ 20, _____

I declare under the penalties of perjury that I prepared this document for the person, firm, association, company, corporation or other insurance organization named therein; and that this document, including the accompanying schedules, statements and exhibits is a true, correct and completed document based on all the information relating to this matter as required under the provisions of the Insurance Code, as amended, of which I have knowledge.

Signature

Address

Date