



Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3507 telephone • 512-322-3550 fax • www.tdi.state.tx.us

Form PG3

ANNUAL AGENT REPORT FOR
RISK RETENTION AND PURCHASING GROUPS
Year Ending: _____

Pursuant to Chapter 2201.007, Texas Insurance Code, an agent representing a risk retention or purchasing group is required to report to the Commissioner the activities and scope of services being provided to the group by March 1 of each year. A copy of this report should be retained for your files. Please TYPE or PRINT.

1. Name of Agent/Agency
Agent Address (Street & PO Box)
City State Zip
(Area Code) Phone Number Email Address

2. Texas License type: [] General Lines P&C License Number
[] Surplus Lines Agents License Number

3. Name of Risk Retention or Purchasing Group
Group Address (Include PO Box) (Zip Code for PO Box)
City State Zip Code

4. Name of Purchasing Group Insurer NAIC ID #
1
2
3
4
5

5. No. of TX Members Amount of TX Premiums Lines of Liability Coverage (Brief Description)
1
2
3
4
5

6. Activities and Scope of Services Provided to the Group. _____

7. Please describe method used to inform each purchasing group member, which have a risk located in Texas, that such risk may not be protected by an insurance insolvency guaranty fund and that the insurer may not be subject to all insurance laws and regulations of this state. (Copy of notice may be attached.) _____

AFFIRMATION AND EXECUTION

I certify that all statements and information in this report are true and correct.

 Signature

 Typed or printed name and title

The State of _____

County of _____

Before me, _____ notary
(insert name of notary)

public in and for the State of _____, on this day personally appeared

_____ known to me (or proved to me) on the oath of
(insert the name and position of the officer)

_____, or through

_____ to be the person
(description of identity card or other document)

whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

(NOTARY SEAL)

 Notary Signature

Return to: Texas Department of Insurance
 Company Licensing & Registration, MC 305-2C
 PO Box 149104
 Austin, TX 78714-9104

ANNUAL AGENT REPORT FOR RISK RETENTION AND PURCHASING GROUPS

INSTRUCTIONS

A separate PG3 Form is required for each agent that represents a risk retention group or purchasing group. Report must be clearly legible, if responses are handwritten.

Year Ending: Must complete year ending date in space provided. (This date is for the previous calendar year's business.)

1. Name of Agent/Agency: the complete name as it appears on the Texas agent license must be shown. Include DBA's only if filed with the Agent License Section of Texas Department of Insurance.

The complete address, including PO Box, must be shown for the agent making the report.

2. Texas License type: check the proper license type and complete the license number in the blank space following the type for each license held.
3. Name of Risk Retention Group or Purchasing Group: complete the full name and address section for either the risk retention group or purchasing group the agent is representing.
4. Name of Purchasing Group Insurer: Section must be completed for purchasing groups only. The full name as shown on the registration must be furnished.
5. Number of Texas Group Members: the total number of Texas group members purchasing insurance.

Amount of Texas Premiums: the total amount of premiums written by reporting agent (if more than one insurer is listed, the premium must be broken down per company).

Lines of Liability: List each separate type of coverage, as shown on the registration, being placed through the purchasing group or risk retention group. (IE: Professional, General, Excess, etc...)

6. Activities and Scope of Services Provided to the Group: give a detailed report of each different service the agent offers the group; i.e., placement of insurance, assists with claims, helps with preventive loss program, solicitation of Texas members, etc.
7. Method used to inform all members: Provide an explanation of how the purchasing group members are informed that an insurance insolvency guaranty fund or similar mechanism may not be available and that the insurer of the group is not subject to all the insurance laws and regulations of this state. **Note:** *This notice is not limited to surplus lines insurers but applies to **all** insurers providing liability coverage to purchasing group members and is in accordance with the Federal Liability Risk Retention Act of 1986 and Texas Insurance Code 2201.259. However, if a licensed insurer meets the requirements of 2201.258(b)(1)(2), the notice may exclude the reference to the insurance insolvency guaranty fund portion of the above captioned statement. **Risk retention groups must affix notice to each policy as prescribed under Texas Insurance Code, Chapter 2201.206. Surplus lines insurers must also meet requirements of Chapter 981.101.***
8. Affirmation and Execution – The PG3 Form must be signed by the agent or if an agency, an officer, director, partner, owner or sub-agent of the agency, and not the risk retention group or purchasing group contact/representative.