

**APPLICATION FOR AN AFFILIATE CERTIFICATE TO SELF-INSURE
AS A MEMBER OF A GROUP SELF-INSURER**

Read instructions before completing.

→ **All questions must be answered. if not applicable use symbol N~A.
Workers' Compensation insurance must be maintained until certificate is effective.**

To the Director of Industrial Relations

The undersigned private employer, hereby applies for an Affiliate Certificate of Consent to Self-insure as a member of a group self-insurer to secure the payment of Workers' Compensation as provided by California Labor Code Section 3700.

The following information is submitted, under penalty of perjury, for the purpose of procuring an Affiliate Certificate of Consent to Self-Insure. which may be given upon proof, satisfactory to the Director of industrial Relations, of ability to self-insure and to pay compensation that may become due to employees as a member of a group self- insurer.

1. (a) NAME OF APPLICANT EMPLOYER _____
(if a corporation, show name exactly as it is on the certificate of Status)

(b) Federal Tax Identification Number _____

2. Principal California office address: _____

3. Home office address: _____

4. (a) The applicant employer is: A Corporation A Partnership Sole Proprietorship

(b) **IF A CORPORATION:**
Chartered under laws of state of _____ Date _____

(c) **IF A SUBSIDIARY CORPORATION:**
Name of Parent company _____
Address _____
Parent company's percentage of stock ownership _____ Date _____

(d) **IF A PARTNERSHIP:**
Name all partners and designate whether they are general, special, limited, etc.

<u>Name</u>	<u>Address</u>	<u>Designation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Nature of Business _____

6. Does this applicant have any corporate subsidiaries? Yes _____ No _____

NOTE: Subsidiary must file its own application.

<u>Subsidiary Names</u>	<u>Address</u>	<u>Operation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Does this applicant currently have a Certificate of Consent to Self Insure in California? Yes _____ No _____
 If yes, what is current Certificate Number: _____

8. Number of your California employees to be covered by the proposed self Insurance Plans

9. Will the number of your California employees covered under the proposed self insurance plan be materially increased or decreased in the next 12 months? Yes _____ No _____
 If yes, by how many? _____ Increase/Decrease

10. At the date of this application, is there any litigation or legal proceeding pending, or threatened, the result of which might substantially adversely affect the financial condition, business or operations of the applicant or any of its subsidiaries? Yes _____ No _____
 If Yes, explain _____

11. Indicate net profit or loss after taxes for the last five years.

<u>Year</u>	<u>Amount</u>
19 _____	\$ _____
19 _____	\$ _____
19 _____	\$ _____
19 _____	\$ _____
19 _____	\$ _____

12. Name of Group Self-Insurer that the applicant employer proposes to join as a member:

Name _____
 Address _____
 City _____ State _____ Zip _____
 CERTIFICATE NO. _____

13. Complete the following with reference to applicant's California workers' compensation policies for the past 3 years.

- (a) Name of current carrier _____
- (b) Current policy termination date _____
- (c) Most recent three years' experience by policy _____ period (include most recent partial year to most current quarter)

YEAR	PAYROLL	PREMIUM BEFORE DIVIDEND	EXPERIENCE MODIFICATION	LOSSES INCURRED	LOSS RADIO

14. Will a policy covering any of applicant employer's California workers' compensation liability other than excess insurance be carried: Yes _____ No _____

If yes, what will be the nature and scope of this coverage? _____

15 Name of individual responsible for workplace injury and illness prevention program.

(a) Name _____ Title _____
 Address _____
 Telephone Number (____) _____ - _____

What percentage of this individual's time is spent in injury and illness accident prevention? _____ If more than one individual is responsible for injury and illness prevention, attach a list to this application, giving the information requested in Items (a) and (b) above.

16. **REQUIRED ATTACHMENTS:**

- (a) A current copy of the applicant's certified and independently audited Financial Statement complete with all schedules and notes. If the report of the financial condition is dated more than twelve (12) months prior to the date of this application, the Director may require interim financial statements (Balance Sheet and Profit and Loss Statement) certified by the appropriate finance officers and dated not less than three (3) months from the date of this application.
- (b) Resolution to be Self Insured as a Member of Group Self-Insurer.
- (c) Executed Form A4-8, Indemnity Agreement.

I certify under penalty of perjury that I am acquainted with the affairs of the employer to which representation and statement set forth in the foregoing attachments relate, that I have read the application and attachments, know thereof and that said representations and statements contained therein are my knowledge, information and belief.

Date _____

Signature _____

(Authorized by Resolution to be Self Insured)