

**APPLICATION FOR A CERTIFICATE OF CONSENT
TO SELF-INSURE BY A GROUP OF EMPLOYERS**

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 group of employers, hereby applies for a Certificate of Consent to Self-Insure for itself and an Affiliate Certificate of Consent To Self-Insure for each group member for 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 a 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.

GENERAL INFORMATION ON GROUP APPLICANT

1. GROUP APPLICANT:

NAME OF APPLICANT GROUP: _____

STREET ADDRESS OF MAIN HEADQUARTERS: _____

CITY: _____ STATE: _____ ZIP: _____

FEDERAL TAX IDENTIFICATION NUMBER OF GROUP: _____

State of Incorporation

Date of Incorporation
MON DAY YEAR

- Group Self-Insurer must be a California corporation as required by California Code of Regulations, Title S, Section 15470.

2. TO WHOM DO YOU WANT CORRESPONDENCE ADDRESSED REGARDING THIS APPLICATION?

NAME: _____

TITLE: _____

COMPANY NAME: _____

MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ - _____ FACSIMILE (FAX) NUMBER () _____ - _____

3. (a) Does the Group Applicant named in Question 1 presently have an active Certificate of Consent to Self-insure issued by the Director of Industrial Relations to Self-insure Workers Compensation Liabilities in California?
- YES NO If yes enter Certificate Number: _____
- (b) Is this group applicant named in Question 1 applying for self-insurance in California for the first time?
- YES NO

4. Is this application being submitted by the group applicant named in Questions 1 because of any of the following:

- | | | |
|---------------------------------------|-----------|----------|
| (1) Reincorporation | _____ YES | _____ NO |
| (2) Merger | _____ YES | _____ NO |
| (3) Change in Identity | _____ YES | _____ NO |
| (4) Majority Change in Ownership | _____ YES | _____ NO |
| (5) New member additions to the Group | _____ YES | _____ NO |

if yes, submit a copy of legal documents regarding reincorporation, merger, change in identity or sale with this application and explain below:

(Continue on additional page if necessary)

5. (a) What is the nature of the business of the members of the applicant group named in Question 1?

(b) What is the primary 4 digit Standard Industrial Classification Code (SIC Code) for the members of the applicant group named in question 1? SIC Code:

6. What is the proposed date of commencement of your Group Self-Insurance Program in California?

- Upon Approval By Director Other Date:

7. (a) Number of California employees to be covered by the proposed group self- insurance plan?

, ,

(b) Will the number of California employees covered under the proposed group self-insurance plan be materially increased or decreased in the next 12 months? YES NO

If yes, Increased or I Decreased; by how many?

7. Attach an original Certificate of Good Standing from the California Secretary of State for the applicant group named in Question 1.

(Attach Original Certificate of Good Standing dated not less than three months from the date of the submission of this application.)

NOTE: Certificates of Good Standing are available upon request and payment of a fee from:

California Secretary of State
Corporate Filing Division
1230 J Street

Sacramento, CA 95814
(916) 445-1430

8. (a) List Full Legal Name, circle appropriate Business Status (i.e.. Corporation, Partnership or Sole Proprietorship) and enter Federal Tax Identification Number of ALL proposed member employers of this applicant group below (do not list dba-s or names of operating divisions):

<u>FULL LEGAL NAME OF MEMBER</u>	<u>BUSINESS STATUS</u>			<u>FEDERAL TAX IS No.</u>
1	Corp	Part	Spro	
2	Corp	Part	Spro	
3	Corp	Part	Spro	
4	Corp	Part	Spro	
5	Corp	Part	Spro	
6	Corp	Part	Spro	
7	Corp	Part	Spro	
8	Corp	Part	Spro	
9	Corp	Part	Spro	
10	Corp	Part	Spro	
11	Corp	Part	Spro	
12	Corp	Part	Spro	
13	Corp	Part	Spro	
14	Corp	Part	Spro	
15	Corp	Part	Spro	
16	Corp	Part	Spro	
17	Corp	Part	Spro	
18	Corp	Part	Spro	
19	Corp	Part	Spro	
20	Corp	Part	Spro	
21	Corp	Part	Spro	
22	Corp	Part	Spro	
23	Corp	Part	Spro	
24	Corp	Part	Spro	
25	Corp	Part	Spro	
26	Corp	Part	Spro	
27	Corp	Part	Spro	
28	Corp	Part	Spro	
29	Corp	Part	Spro	
30	Corp	Part	Spro	

31	Corp	Part	Spro	
32	Corp	Part	Spro	
33	Corp	Part	Spro	
34	Corp	Part	Spro	
35	Corp	Part	Spro	
36	Corp	Part	Spro	
37	Corp	Part	Spro	
38	Corp	Part	Spro	
39	Corp	Part	Spro	
40	Corp	Part	Spro	
41	Corp	Part	Spro	
42	Corp	Part	Spro	
43	Corp	Part	Spro	
44	Corp	Part	Spro	
45	Corp	Part	Spro	
46	Corp	Part	Spro	
47	Corp	Part	Spro	
48	Corp	Part	Spro	
49	Corp	Part	Spro	
50	Corp	Part	Spro	
51	Corp	Part	Spro	
52	Corp	Part	Spro	
53	Corp	Part	Spro	
54	Corp	Part	Spro	
55	Corp	Part	Spro	
56	Corp	Part	Spro	
57	Corp	Part	Spro	
58	Corp	Part	Spro	
59	Corp	Part	Spro	
60	Corp	Part	Spro	
61	Corp	Part	Spro	
62	Corp	Part	Spro	
63	Corp	Part	Spro	
64	Corp	Part	Spro	
65	Corp	Part	Spro	
66	Corp	Part	Spro	
67	Corp	Part	SPro	
68	Corp	Part	Spro	
69	Corp	Part	SPro	
70	Corp	Part	SPro	

71	Corp	Part	SPro	
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74	Corp	Part	SPro	
75	Corp	Part	Spro	
76	Corp	Part	Spro	
77	Corp	Part	SPro	
78	Corp	Part	Spro	
79	Corp	Part	SPro	
80	Corp	Part	SPro	
81	Corp	Part	SPro	
82	Corp	Part	Spro	
83	Corp	Part	Spro	
84	Corp	Part	SPro	
85	Corp	Part	Spro	
86	Corp	Part	Spro	
87	Corp	Part	SPro	
88	Corp	Part	Spro	
89	Corp	Part	SPro	
90	Corp	Part	SPro	
91	Corp	Part	SPro	
92	Corp	Part	Spro	
93	Corp	Part	Spro	
94	Corp	Part	SPro	
95	Corp	Part	Spro	
96	Corp	Part	Spro	
97	Corp	Part	SPro	
98	Corp	Part	Spro	
99	Corp	Part	SPro	
100	Corp	Part	SPro	

CONSOLIDATED FINANCIAL INFORMATION ON APPLICANT GROUP

11 Provide the following consolidated financial information for all members of the applicant group:

BALANCE SHEET ITEMS	(Current 19 ____ or ____ Quarter	(1 st Full Year) 19 _____	(2 nd Quarter Year) 19 _____	(4 th Quarter Year) 19 _____
Liquid Assest				
Inventory				
Other Assets				
Fixed Assets (Net)				
Other Assets				
Total Assets				
Current Liabilities				
Long-Term Debt				
Other Liabilities				
Total Liabilities				
Contributed Capital				
Retained Earnings				
Shareholders' Equity				
MISCELLANEOUS				
Working Capital				
Gross Revenue				
Net Income				
(Before fixed Changes)				
Net Profit				

*Fixed Charges= Taxes/Interest and Rental Charges

NOTE: Attach to page 1 8, your published, independently prepared, audited financial report plus all notes and schedules for past 3 full years and quarterly financial reports for current year up though the most recent quarter.

WORKERS COMPENSATION EXPERIENCE IN CALIFORNIA

12. (a) Complete the following consolidation of all members of the group applicants (named in Question 1) workers compensation liabilities in California under the members' various workers' compensation insurance policies for the most recent three full calendar years:

YEAR	PAYROLL	PREMIUM BEFORE DIVIDEND	EXPERIENCE INCURRED	LOSSES INCURED	LOSS RATIO

- (b) Are any of the group members currently NOT covered by a workers' compensation policy?
 Yes No

If yes, how many members? I _____ I Identify each below:

- \13. Will a policy covering any of the group applicants member's California workers' compensation liability, other than excess, be carried?

Yes No

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

SECURITY DEPOSIT

14. (a) If the group application is approved, the security deposit will be in the form of a:
- Surety Bond
 - Letter of Credit
 - Approved Securities
 - Cash
 - Combination of above: _____
- (b) Check here if you wish information to be sent to you on the deposit selected in Question 14(a).

EMPLOYEE INJURY AND ILLNESS PREVENTION PROGRAM

15. Name of individual responsible for injury and illness prevention program for group applicant (named in Question 1):
- (a) Name _____ Title _____
Address _____
City, State, Zip _____
Telephone Number (____ - _____)
- (b) What percentage of this individual's time is spent in this capacity with the group applicant?

(If more than one individual is responsible for safety and accident prevention, attach a list to this application, giving the information requested in Items (a) and (b) above),
- (c) Name of independent licensed California engineer, Certified Safety Professional, or Certified Industrial Hygienist who will be preparing the injury and illness prevention program evaluation of the group applicant and preparing the written evaluation report on the members' facilities in this group applicant:
- Name _____ Title _____
Company _____
Address _____
City, State, Zip _____
Telephone Number (____) _____ - _____
- Copy of Safety and Health Evaluation Report is attached.
Date of Report _____
- Evaluation and Report has been requested, and will be forwarded upon completion.

(Attach Injury and Illness Prevention Program Evaluation Report Here)

NOTE: The member employer must abate all serious violations found at their facilities in the evaluation report. Such abatement must be verified by the person conducting the evaluation.

PROPOSED CLAIMS ADMINISTRATION OF GROUP SELF-INSURANCE PROGRAM

16. (a) NAME OF PROPOSED ADMINISTRATOR(S) ADMINISTRATING AGENCY(IES) WHO WILL BE RESPONSIBLE FOR DAY-TO-DAY ADMINISTRATION OF WORKERS' COMPENSATION SELF-INSURANCE PROGRAM FOR APPLICANT EMPLOYER AND PREPARATION OF SELF-INSURERS' ANNUAL REPORTS:

(1) Name (Person) _____
Title _____
Company _____
Address _____
City, State, Zip _____

Administrative Agency's Certificate To Administer No. or
 Admitted Workers' Compensation Insurance Carrier Claim Department

(b) Has the individual administrator named above [Question 16 (a) (1)] demonstrated competence by passing the Self-Insurance Administrator Test?
___ YES ___ NO If yes, date: _____:

If no, name of competent person who will do claims and who has passed Self-Insurance Administrative Test is: _____ and
Date passed test: _____

17. Will **ALL** applicant group workers' compensation claims be administered at the ONE adjusting location named in Question 16(a) (1)? ___ Yes ___ No

If no, complete the following information for each proposed adjusting locations:

(a) Name (Person) _____
Title _____
Company _____
Address _____
City, State, Zip _____

Administrative Agency's Certificate To Administer No.1 _____ or
___ Admitted Workers' Compensation Insurance Carrier Claim Department

(b) Name (Person) _____
Title _____
Company _____
Address _____
City, State, Zip _____

Administrative Agency's Certificate To Administer No.1 _____ or
___ Admitted Workers' Compensation Insurance Carrier Claim Department

(c) Name (Person) _____
Title _____
Company _____
Address _____
City, State, Zip _____
Administrative Agency's Certificate To Administer No.1 _____ or
_____ Admitted Workers' Compensation Insurance Carrier Claim Department

(d) Name (Person) _____
Title _____
Company _____
Address _____
City, State, Zip _____
Administrative Agency's Certificate To Administer No.1 _____ or
_____ Admitted Workers' Compensation Insurance Carrier Claim Department

NOTE: (Add additional page if needed to list all location information)

GROUP FILING FEES

Attach your check here for payment of filing fees. Make your check payable to

"Department of Industrial Relations- - Self-Insurance Plans".

Filing Fee: Each group of employers making application for a Certificate shall at the time of filing such application, pay a non-refundable filing fee on the following basis:

- (1) A single application fee of \$500 for the initial group self-insurer filing;
- (2) An application fee of \$100 for each member of the group filing submitted together with the initial group filing;
- (3) For any subsequent member application determined by the Manager to be necessary but not submitted with the original group filing or for new member applications filed subsequently, the fee shall be an additional \$500 for each additional member

AGREEMENT TO ABIDE BY SELF--INSURANCE REGULATIONS

This application is tiled with the understanding and the agreement of the applicant herein that a Certificate of Consent to Self-Insure, if granted, will be accepted subject to the authority of the Director of Industrial Relations to prescribe the regulations upon which said Certificate of Consent to Self-Insure shall be granted or continued and subject to the full right and authority of the said Director of Industrial Relations to prescribe new and additional regulations. It is further agreed that, following revocation or invalidation of said certificate, the applicant will pay fees and expenses as provided in the regulations.

I, _____, _____
(Insert person's name) (Insert title of Person)

certify under penalty of perjury, that I am acquainted with the affairs of said applicant employer to which the representations and statements set forth in the foregoing applicant, attachments, exhibits and addenda relate; that I have read said applicant, attachments, exhibits, and addenda know the contents thereof and that said representations and statements therein contained are true to the best of my knowledge, information, and belief.

Subscribed and sealed at _____, _____
(City) (State)
this _____ day of _____, 19 _____.

Signature

Title

SEAL

Attest:

Signature of Secretary

(Type Name and Title of Secretary)

RESOLUTIONS AND AGREEMENTS

Each group applicant must adopt and execute--as part of the application--two Board of Directors' Resolutions and several agreements, which are outlined below:

1. RESOLUTION BY APPLICANT GROUP TO BECOME SELF-INSURED

The first Resolution is a resolution to become self-insured for workers' compensation liabilities. The resolution is adopted by the Board of Directors of the group applicant corporation (i.e. named in Question 1). The group applicant will need to identify several positions in the resolution by position title that are authorized to sign the application and other Self-Insurance documents and agreements on behalf of the group applicant. This includes the Resolution to become self-insured. Position titles might include Chairman of the Board of Directors, Member of Board of Directors, President, any Vice President, Secretary, Treasurer, Risk Manager, etc. DO NOT USE the names of the current incumbents to the positions.

The resolution must have an original "wet" signature of the authorized person and the "wet" signature of the Corporate Secretary. You will need to emboss the corporate seal on the resolution.

2. RESOLUTION OF GROUP ASSUMPTION AND GUARANTEE OF MEMBER LIABILITIES

The second Resolution is a resolution by the applicant group to assume and guarantee the workers' compensation liabilities of each group member granted an Affiliate Certificate of Consent To Self-Insure by the Director of Industrial Relations as part of the applicant group. The resolution is adopted by the Board of Directors of the group applicant corporation (i.e. named in Question 1). The group applicant will need to identify several positions in the resolution by position title that are authorized to sign the Agreement of Assumption and Guarantee for the members as well as to sign the corporate resolution on behalf of the group applicant. Position titles might include Chairman of the Board of Directors, Member of Board of Directors, President, any Vice President, Secretary, Treasurer, Risk Manager, etc. DO NOT USE the names of the current incumbents to the positions.

The resolution must have an original "wet" signature of the authorized person and the "wet" signature of the of the Corporate Secretary. You will need to emboss the corporate seal on the resolution.

Future additions to the group will be added by addendum to the initial Resolution or by execution of a new Resolution.

3. AGREEMENT OF ASSUMPTION AND GUARANTEE FOR GROUP MEMBERS

Having adopted the enabling Assumption and Guarantee Resolution (see item 2 above), the group applicant must also execute the actual Agreement of Assumption and Guarantee of Workers' Compensation Liabilities (Form A4-3G) for the initial group members. A single Agreement of Assumption is executed that includes an Attachment listing each initial member of the group. Future additions to the group will be added by a new Assumption Agreement Form listing the new member(s).

4. AGREEMENT AND UNDERTAKING FOR SECURITY DEPOSIT BY GROUP

The third agreement to be signed is an agreement that the Applicant Group will post a security deposit to secure its group worker' compensation self-insurance program and that the State may use the deposit and any interest earned to pay compensation due if the group defaults.

This agreement must also be executed by one of the persons identified in the Group Corporate Resolution by position title that is authorized to sign documents on behalf of the Applicants Group Like the resolution the "Agreement" must have an original "Wet" signature of the authorized person and of the Corporate Secretary. You will need the emboss the corporate seal in the box as indicated on the agreement page.

5. AGREEMENT AND RESOLUTION OF JOINT AND SEVERAL LIABILITY

Each initial MEMBER of the group applicant and all future additions to the group shall execute an Agreement of Joint and Several Liability for any and all workers' compensation liabilities of the applicant group. This is part of the Member portion of the Group Application. If the member is a corporation, it must also execute a Resolution of Joint and Several Liability by its Board of Directors. Partnerships (non-corporate) and individual proprietorships need only execute the Agreement of Joint and Several Liability.

**THE TWO GROUP RESOLUTIONS AND THE THREE GROUP AGREEMENTS FOLLOW IN ORDER LISTED ABOVE.
COMPLETE EACH ONE AND SUBMIT WITH**

THE GROUP APPLICATION.