

**Model letter to Request Approval of Securities**

DATE: \_\_\_\_\_

Department of Industrial Relations  
Manager, Self-Insurance Plans  
2265 Way, Suite A  
Sacramento, CA 95825

**APPROVAL OF SECURITIES**

Please consider this our request for authorization to accept for delivery the securities described below. These securities are to be held by the State of California to secure workers' compensation self-insurance liabilities of our company, identified below, and is deposited to satisfy provisions of Section 3700 et seq. of the California Labor Code.

**1. COMPANY INFORMATION**

Certificate No.: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
  
Contact Name: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_  
Tax Identification No.: \_\_\_\_\_

**2. AGENT BANK INFORMATION (For Interest Payments)**

Agent Bank Name: \_\_\_\_\_  
Agent Bank ABA No: \_\_\_\_\_  
Self-Insurer's Account No.: \_\_\_\_\_

**3. DELIVERY AGENT INFORMATION**

Delivery Agent Name: \_\_\_\_\_  
Delivery Agency Contact: \_\_\_\_\_  
Delivery Agency Telephone: (\_\_\_\_) \_\_\_\_\_

**4. SECURITY DESCRIPTION (Please add attachments, if necessary)**

Amount: \_\_\_\_\_  
Type: \_\_\_\_\_  
CUSIP: \_\_\_\_\_  
Issued: \_\_\_\_\_  
Maturity: \_\_\_\_\_  
Rate: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE