INDUSTRIAL COMMISSION OF
ARIZONA

New Pool Member Application
A.A.C. R20-5-1507

Read Instructions before completing - All questions must be answered.
All questions must be answered. If question is not applicable, use N/A

Attach supplemental information and required forms
Workers' compensation insurance must be maintained until pool membership is approved

The undersigned, an Arizona employer, hereby applies for membership into the name authorized self-insurance pool for the administration and payment of workers' compensation as pursuant to A.R.S. § Section 23-961. The following information is submitted for the purpose of procuring a Resolution of Authorization of the Industrial Commission of Arizona, which may be given upon proof, satisfactory to the Industrial Commission of Arizona, of the ability of the self-insured pool that the new pool applicant will not impede the ability of the pool to administer and pay compensation that may become due to its member employees.

1. Pool Name: ____

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2. Member Applicant Name: ____

3. Requested effective date to include new applicant: ______________________________

4. Pool Applicant's Corporate Office Information:

Home Office Address: ____

____

Phone: ______________________ Fax: ______________________

Arizona Office Address: ____

____

Phone: ______________________ Fax: ______________________

5. List all covered member Applicant Arizona site addresses, attach files as necessary: ______________

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6. Member Applicant length of time in business in Arizona (must be five years to qualify-time can be met through a subsidiary): ______________________________

7. Member Applicant description of business operations in Arizona: ______________________________

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8. Member applicant type of industry: ______________________________

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9. Member Applicant Industry SIC(S): ______________________________

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10. Current and prior three calendar year payroll by classification code for member applicant's employees working in Arizona: ______________________________

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11. Total member applicant Arizona (W9) employee count for current and prior three calendar years: __________

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12. Attach the member applicant's current workers' compensation insurance carrier policy: __________________

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13. If member applicant's application for workers' compensation insurance has ever been rejected or policy of insurance cancelled, state why: ______________________________

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14. List states where member applicant's self-insurance was denied: ______________________________

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15. List states where member applicant is currently self-insured: ______________________________

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16. Member applicant Arizona claim count history for three years preceding application date:

	A	B	C	D	E	
Year	Total # of Medical Only Claims	Total # of Indemnity Claims (medical and indemnity)	Total # of Temporary Disability Claims	Total # of Permanent Disability Claims	Total # of Fatality Claims	Total # of All Claims (Sum A - E)

17. Member applicant Arizona loss history and experience modification rates for three years preceding application date:
*If the Member Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken or will take to lower the Experience Modification Rate pursuant to A.A.C. § R20-5-1506 (B)(5).

	A	B	C	D	E		
Year	Medical Only Losses Paid	Indemnity Losses Paid (medical and indemnity-Do not include Disability claims)	Total Paid for Temporary Disability Claims (medical and indemnity)	Total Paid for Permanent Disability (medical and indemnity)	Total Paid for all Claims (Sum A-E)	Experience Modification Rate	Net Premiums

18. Attach a loss run for the member applicant claims incurred in Arizona from the most current calendar year and three prior calendar year. The loss run must include the following information for each claim: Payroll Classification Code, Commission claim number, employee name, date of injury, total paid medical, reserve medical, reserves, total paid indemnity (including death benefits), and indemnity reserves. _______________

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19. How does the pool intend to satisfy the statutory deposit requirements of its member applicant:
A Self-Insurance Pool adding a new member shall post security in an amount equal to the prior three-year average of annual total paid medical and indemnity benefits of the new member unless the Commission requires a different amount pursuant to R20-5-1509(C).

- ○ Continuous Surety Bond
- ○ Letter of Credit
- ○ United States Treasury Notes
- ○ Local Government Investment Pool (municipalities
- ○ only) Waiver (municipalities and municipal pools only)

20. Name of Surety issuing bond or Bank issuing letter of credit, if known: ______________________________

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21. Will the member applicant be covered by an excess insurance policy: ○ Yes ○ No

22. Attach copies of the member applicant's most current and prior two years audited financial statements, including any notes. If audited financial statements are not available, internally reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted. If the applicant is a subsidiary, attach copies of the most current and prior two years financial statements of the Parent Company. ____

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23. Registrar of Contractor #(s): ____

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24. United States Department of Transportation # (s): ____

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25. Name address and telephone number of Member Applicant **primary** contact:

Name: ____

Title: ____

Address: ____

____

Telephone Number: ____

Email Address: ____

26. Name address and telephone number of Member Applicant **secondary** contact:

Name: ____

Title: ____

Address: ____

____

Telephone Number: ____

Email Address: ____

27. Name address and telephone number of third-party administrator or **primary** individual responsible for processing the member applicant's Arizona workers' compensation claims:

    Name: ______________________________

    Title: ______________________________

    Address: ______________________________

    ____

    Telephone Number: ______________________________

    Email Address: ______________________________

28. Name address and telephone number of third-party administrator or **secondary** individual responsible for processing the member applicant's Arizona workers' compensation claims:

    Name: ______________________________

    Title: ______________________________

    Address: ______________________________

    ____

    Telephone Number: ______________________________

    Email Address: ______________________________

This section to be signed by an authorized Member Applicant Officer or designated staff member

Upon signing this New Pool Member application, I attest that all information and assertions contained in the new pool member application and the documents accompanying the application are factually correct and true. I further attest that I have the authority to sign and file this new pool member application on behalf of the named pool member applicant.

Member Applicant Authorized Signer Name: ______________________________

Date Signed: ______________________________

Member Applicant Signer Email Address: ______________________________

Member Applicant Authorized Signature: ______________________________

This section to be signed by an authorized Pool Officer or Administrator

Pool Authorized Signer Name: ______________________________

Date Signed: ______________________________

Pool Signer Email Address: ______________________________

Pool Authorized Signature: ______________________________

This section to be signed by the Applicant Member's staff submitting the application, if different than the Member authorized signer.

Submitter Name: ______________________________

Date Submitted: ______________________________

Submitter Email Address: ______________________________

Required Additional Information- All Pools

(1) Copy of the participation agreement
(2) Copy of each member's signed coverage agreement
(3) Copy of each member's signed indemnity agreement
(4) Written authorization from the board of directors or governing body of each member authorizing membership in the pool. If a member does not have a board of directors or governing body, an authorized representative shall sign the written authorization
(5) Copy of the Resolution signed by the member and the pool board approving membership into the pool.