



INDUSTRIAL COMMISSION OF ARIZONA
 800 W WASHINGTON STREET
 PHOENIX, ARIZONA 85007
 (602) 542-4661

**INITIAL APPLICATION FOR AUTHORITY TO SELF-INSURE
 UNDER A.R.S. § 23-961.01**

<u>Commission Use Only</u>	
Date Division receives application	_____
Date Division mails notice that application incomplete	_____
Date Division mails notice that application complete	_____
Date of order approving or denying authorization	_____
_____ Application approved	_____ Application denied
Compliance with Time-frames	NOVEMBER THIRD
_____ A.C. Review	_____ Sub. Review
	_____ Overall Review

1. State the name of the workers' compensation pool ("pool") applying for authority to self-insure.

2. State the address of the pool's principal Arizona office.

3. State the telephone and fax numbers of the pool's principal office.
 Telephone: _____ Fax: _____

4. State the effective date of the formation of the pool.

5. State the name and address of industry or trade association, or professional organization to which member employers of the pool belong.

Name:

Address:

6. State the effective date of formation of the industry or trade association, or professional organization to which member employers of the pool belong.

7. State how the business of member employers are the same or similar.

8. State the total amount of manual workers' compensation premiums paid by all member employers in the preceding calendar year.

9. State the combined net worth of all member employers based on the members' financial statements for the last fiscal year.

10. State the name and address of each person appointed to the pool's Board of Trustees.

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

- 11.** State the name, address, and telephone number of the administrator appointed by the Board of Trustees.

Name:

Address:

Telephone:

- 12.** State the name, address, telephone number, and contact person of the claims service company hired by the pool, if applicable.

Name:

Address:

Telephone:

Contact Name:

- 13.** State the name, title, address, and telephone number of the person in charge of the pool's loss control program.

Name:

Title:

Address:

Telephone:

14. State the name, title, address and telephone number of the person in charge of the pool's underwriting programs.

Name:

Title:

Address:

Telephone:

15. Select a premium tax plan.

Fixed Premium Plan

Guaranteed Cost Plan

Retrospective Rating Plan

16. Do you have the following documents to attach to the application? If Yes is selected, please attach document.

Yes No

- a. Authorization (board resolution) for administrator to sign initial application, if applicable.
- b. Copy of contract required under A.R.S. § 23-961.01.
- c. Copy of articles of incorporation, if applicable.

- d. Copy of trust agreement, if applicable.
- e. Copy of resolution from Board of Trustees approving each member employer for admission into the pool.
- f. Copy of pool's bylaws.
- g. Description of loss control program required under R20-5-727.
- h. Proof of coverage or confirmation from an authorized insurance carrier that the carrier will provide fidelity insurance.
- i. Original, signed guaranty bond or confirmation from an authorized insurance carrier that the carrier will provide a guaranty bond to the pool, if applicable.
- j. In lieu of a surety bond, United States bonds or confirmation from the pool that it will obtain United States bonds or securities.
- k. In lieu of a guaranty bond, a letter of credit or confirmation from a financial institution that it will provide the pool a letter of credit.
- l. Completed and signed Option/Election Form.
- m. Proof of coverage or confirmation from an authorized insurance carrier that the carrier will provide excess insurance coverage.
- n. Copy of signed agreement between pool administrator and Board of Trustees.
- o. Copy of signed agreement between pool and claims service company, if applicable.
- p. Written statement with supporting documentation requesting authorization to process claims in-house, if applicable.

- q. List of workers' compensation class codes to be used by pool.

- r. Statement showing how pool will determine premiums.

- s. Detailed description of underwriting programs.

- t. Actuarial feasibility study that documents rate structure needed to establish premiums to cover losses.

- u. Original, signed application from each employer receiving approval by the Board of Trustees to join pool. (Use Commission form titled Application to Add Employer to a Workers' Compensation Pool).

I, _____, certify under penalty of perjury, that I have authority to sign this application, that I am _____ of the pool (title of person signing) and in that capacity have knowledge of the affairs of the pool to which the initial application and attachments relate, that I have read the initial application and all attachments to the initial application, and verify that the representations and statements contained in the initial application and accompanying attachments, are true to the best of my knowledge, information, and belief.

Submitter First Name

NOVEMBER

Submitter Last Name

Date Submitted

Submitter Email Address

Signature of person signing application