

# THE INDUSTRIAL COMMISSION OF ARIZONA

800 WEST WASHINGTON ST.  
P.O. BOX 19070  
PHOENIX, ARIZONA 85005-9070



## Commission Use Only

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

\_\_\_\_\_ A.C. Review      \_\_\_\_\_ Sub. Review      \_\_\_\_\_ Overall Review

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

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 businesses 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. Have you attached to the initial application the following documents in the order listed?

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 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.   |            |           |
|  | <u>Yes</u> | <u>No</u> |
| 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 guaranty bond, United States bonds or securities 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.

Yes    No

- 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.

\_\_\_\_\_  
Signature of person signing application

\_\_\_\_\_  
Printed or typed name of person signing application

Subscribed and sworn to before me at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Notary Public)

My commission expires: \_\_\_\_\_