

EMPLOYER'S APPLICATION FOR SELF INSURANCE
(Submit one completed copy)

CONFIDENTIAL

To the DEPARTMENT OF WORKFORCE:

The undersigned, an employer subject to the provisions of the Alabama Workers' Compensation law, as last amended, hereby applies for the privilege of self-insuring the payment of compensation provided in that law, and submits the following facts under oath to the Department of Workforce to enable it to determine if sufficient financial ability exists to render certain the payment of such compensation:

1. Name of Applicant _____

2. Address _____

P.O. Box _____
(Number) (Street) (City or Town) (County) (State) (Zip)

Telephone () _____ AL U.C. Number _____

EMPLOYER IDENTIFICATION NUMBER _____

3. The applicant is _____
(State whether individual, co-partnership, limited partnership, corporation, receiver or trustee)

4. briefly the general character of the operations performed and the articles manufactured or compounded at or away from the plant or premises of the applicant.

5. Description of employment:

Location of Plant or Plants	Kind of Equipment	Estimated average number of employees at all points	Estimated average number of employees in Alabama	Estimated payroll of all Alabama employees for ensuing year

6. If a Corporation or Limited Partnership list below names of officers, directors, and residence of each:

NAME	OFFICIAL TITLE	ADDRESS

7. If a Limited Partnership, give date of formation and duration _____

8. If a Partnership, list below names of members and residence of each _____

9. If Individual, give name and residence _____

10. If a Corporation, answer the following: Chartered under the laws of the State of _____

Date of incorporation _____ Authorized Capital Stock: (Common) \$ _____

(Preferred) \$ _____

11. Is applicant a subsidiary? _____ Give name and address of parent company _____

(Subsidiaries must have separate applications and indemnity agreements)

12. If foreign corporation, give address of Home Office _____

13. Date when self-insurance is desired _____ 20____ 12:01 a.m.

14. Are you now complying with Section 25-5-8 of the Law, by carrying workers' compensation insurance on your employees? If so, indicate the name of the insurance company (not local agent) with whom you are insured.

15. What is the expiration date of your present policy? _____

16. Are you now, or have you been within the past three years, an assigned risk for workers' compensation insurance? (Give dates and details on separate page, if necessary)

17. As a self-insurer, will you deal directly with your employees in workers' compensation matters, or through an approved service organization? If the latter method is to be used, give name and address of the organization.

18. Past three-year Accident Experience: _____

Number of deaths _____

Alabama Workers' Compensation Premiums \$ _____ \$ _____ \$ _____

Alabama Workers' Comp Incurred Losses \$ _____ \$ _____ \$ _____

19. Are there any outstanding unpaid judgments subject to execution rendered against the applicant under the provisions of the Workers' Compensation Law, as last amended? (Give amounts and details on separate page, if necessary)

20. Applicant must attach audited or certified financial reports for the prior three years of operation.

21. Applicant must submit a \$500.00 application fee with each application submitted.

Make payable to: Department of Labor Workers' Compensation Administrative Trust Fund.

22. Name of excess insurance carrier (if any) _____

Amount of Retention \$ _____ Specific, Aggregate, or both? _____

23. Relate facts, covering past three years:

Year Ending	Sales (Omit cents)	Expenses (including payroll)	Payroll	Profit or Loss (Specify)
20				
20				
20				

24. Has the applicant, or its parent corporation, every filed for bankruptcy? _____ If yes, give details on separate sheet.

AGREEMENT CONDITIONS

25. In consideration of the approval of this application, the applicant expressly agrees:

- (a) That this privilege may be revoked at any time in the discretion of the Secretary of Labor as provided in Section 25-58 (d1) of said Law, as amended.
- (b) That the applicant will promptly furnish adequate hospital, medical, surgical, and burial benefits within the limits of the Law.
- (c) That the applicant will discharge liability for compensation to injured employees or their dependents in accordance with said Law's requirements.
- (d) That reports will be promptly furnished the Department in strict accordance with Sections 25-5-4, 25-5-5 and 25-5-7 of said law.
- (e) That the applicant will not solicit, receive or collect from his employees, any part of the cost to him of operating under this Law.
- (f) That the applicant will promptly notify the Department upon insuring his workers' compensation liability with a private casualty insurance company, thereby cancelling his self-insurance privileges.
- (g) That a copy of the company's annual report, or statement of assets and liabilities, will be mailed to the Department at the close of each fiscal year, as evidence of continued financial ability to self-insure its liability under said Law.

(Signed) _____

(Title) _____ STATE

OF _____ COUNTY OF _____

_____, being first duly sworn, appeared personally and declared that the

facts set forth in the foregoing application are true to the best of his knowledge, information and belief. Subscribed

and sworn to before me, this _____ day of _____, 20____

(Notary Public) (SEAL) My commission

expires on the _____ day of _____, 20____