

GEORGIA SELF INSURERS GUARANTY TRUST FUND

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN WITH YOUR \$8,000.00 ASSESSMENT.

Company Name: _____

Contact Person: _____

Address: _____

City, State & Zip Code: _____

Telephone Number: _____

Facsimile Number: _____

E-Mail Address: _____

Claims Office or Third Party Administrator for Georgia: _____

Contact Person: _____

Address: _____

City, State & Zip Code: _____

Telephone Number: _____

Facsimile Number: _____

E-Mail Address: _____

If both the self-insurer and the claims office are located outside the State of Georgia, please designate a GEORGIA AGENT located in the State of Georgia who shall be authorized to execute instruments for the payment of compensation. See Board Rule 127.

Georgia Agent: _____

Contact Person: _____

Address: _____

City, State & Zip Code: _____

Telephone Number: _____

Facsimile Number: _____

E-Mail Address: _____

State the Primary SIC Code (Standard Industrial Classification) for your Company: _____

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