

TO ADD COMPANIES TO YOUR SELF-INSURANCE PROGRAM, PLEASE COMPLETE THIS FORM AND RETURN IT TO THE GEORGIA SELF-INSURERS GUARANTY TRUST FUND TOGETHER WITH A FORMAL LETTER REQUESTING THE ADDITION(S).

IF THERE IS MORE THAN ONE COMPANY BEING ADDED, PLEASE MAKE A COPY OF THIS FORM AND SUBMIT A FORM FOR EACH INDIVIDUAL COMPANY.

NAME OF SELF-INSURED COMPANY: _____

NAME OF COMPANY TO BE ADDED
TO SELF-INSURANCE: _____

DATE COMPANY ADDED TO SELF-INSURANCE _____

IS THE COMPANY TO BE ADDED A WHOLLY OWNED SUBSIDIARY OF THE SELF-INSURED COMPANY (YES OR NO) _____. IF NOT, PLEASE EXPLAIN.

COMPLETE THE FOLLOWING INFORMATION FOR THE COMPANY TO BE ADDED FOR THE PREVIOUS TWELVE (12) MONTHS **IN GEORGIA**:

NUMBER OF EMPLOYEES: _____

PAYROLL: \$ _____

CURRENT OUTSTANDING RESERVES \$ _____

NO. OF ACCIDENTS: _____

NO. OF ACCIDENTS CAUSING DISABILITY
OF OVER SEVEN DAYS FOR WHICH

INDEMNITY PAYMENTS WERE MADE: _____

NUMBER OF DEATHS: _____

NUMBER OF DISMEMBERMENTS: _____

COMPLETE THE FOLLOWING INFORMATION FOR THE COMPANY TO BE ADDED FOR THE PAST THREE (3) YEARS **IN GEORGIA**:

YEAR

MEDICAL BENEFITS PAID: \$ _____ \$ _____ \$ _____

INDEMNITY BENEFITS PAID: \$ _____ \$ _____ \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature: _____

Name : _____

Title: _____

Date: _____