

GEORGIA SELF INSURERS GUARANTY TRUST FUND

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN WITH YOUR \$4,000.00 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: \_\_\_\_\_

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