

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: _____

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