

**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:  
\_\_\_\_\_

\*The information provided on this form will be forwarded to the State Board of Workers' Compensation for issuance of the **Certificate of Self-Insurance** upon receipt of the required security, excess, and initial assessment fee. Please contact the State Board of Workers' Compensation directly if you do not receive your **Certificate of Self-Insurance** within one (1) month of submitting this form and the required security, excess, and initial assessment fee to the Georgia Self-Insurers Guaranty Trust Fund. Please keep the certificate in a safe place. **Should you ever misplace your certificate, please contact the State Board of Workers' Compensation directly.**

00708-016211