



# INDUSTRIAL COMMISSION OF **ARIZONA**

## Application to Self-Administer Claims Form pursuant to §§ R20-5-1503, 1510

**Self-Insurer Name:** \_\_\_\_\_  
is a duly qualified, eligible, and authorized self-insurer pursuant to Arizona Revised Statute § 23-961 et. seq., and the Arizona Administrative Code, and, as such, hereby requests the Industrial Commission of Arizona approve the named self-insurer to administer its workers' compensation claims pursuant to A.A.C. § R20-5-1503, 1510.

**Home Office Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Physical address where both medical and indemnity benefits are held and paid:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Name of *primary* individual administering Arizona workers' compensation claim files:**

**Name and Title:** \_\_\_\_\_

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

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name of *secondary* individual administering Arizona workers' compensation claim files:**

**Name and Title:** \_\_\_\_\_

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

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



If out of state administration, enter the *Toll-free* telephone number which appears on all notices issued:

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List individuals designated to administer escalated claims compliance issues. The ICA will contact this person if there are high profile or urgent issues that need to be addressed immediately. *Examples include resolving ICA initiated bad faith and/or sensitive/critical claims legal compliance issues.*

**Primary**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name, address, email, and telephone number of dedicated ICA contact(s) for policy questions, such as cancellations, renewals, wrap ups, etc. ICA will contact this person if there are high profile or urgent issues that need to be addressed immediately. *Examples include verifying coverage renewals or cancellations to ensure new claims are notified to the correct self-insurer.*

**Primary**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



**Secondary**

**Name and Title:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Complete the Preferred Communication Method (Will be updated annually with Self-Insurance Renewal).**

All parties may choose a **single** preferred Communication Method for ICA Claims & Administrative Law Judge Divisions mail are to be sent. The self-insurer is responsible to timely distribute all ICA communications to multiple handling parties, when indicated. The self-insurer is also responsible to update ICA's records when the preferred communication method changes. More information regarding ICA's communication policies can be found on its community resource page located at <https://www.azica.gov/resources/resources-ica-community>.

Complete the attached ICA Preferred Communication method for the above-named self-insurer.

**Attach a list** with all adjuster's names, titles, physical address, emails, and phone numbers assigned to the named self-insurer's account. An entire list of all adjusters is required. Adjusters are considered those managing and making decision on claims, not administrative staff.

**I HEREBY CERTIFY THAT THIS ALL INFORMATION CONTAINED IN THIS FORM IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Form completed by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_