



INDUSTRIAL COMMISSION OF **ARIZONA**

Renewal Application for Authority to Self-Insure A.A.C. §§ R20-5-1503, 1506

All questions must be answered. If question is not applicable, use N/A
Attach supplemental information and required forms (List on Page 6 and 7)

The undersigned, an employer in Arizona, currently authorized by the Industrial Commission of Arizona, hereby applies to renew its Self-Insurance authorization for the administration and payment of its workers' compensation claims pursuant to A.R.S. § Section 11-952.01 (B), 23-961, 23-961.01 or 41-621.01 (A), and A.A.C. -R20-5-1501-1541. The foregoing information contained in this renewal application is submitted for the purpose of procuring a Resolution of Authorization from the Industrial Commission of Arizona, which may be given upon satisfactory proof of the applicant's ability to demonstrate financial solvency and administer its incurred workers' compensation claims.

1. Applicant Name: _____

2. Applicant's Corporate Office Information:

Home office Address: _____

Phone: _____ Fax: _____

Arizona office Address: _____

Phone: _____ Fax: _____

3. State under which applicant is incorporated: _____

4. Name of parent company if applicant is a subsidiary: _____

5. List all covered Arizona subsidiary company names or pool members legal names. May use an attachment:



6. Type of business in Arizona: _____

7. Total Arizona (W2 Count) employee count for current or last calendar year as reported on the Industrial Commission Annual Payroll Report: _____
8. Total Arizona aggregate annual payroll for current or last calendar year as reported on the Industrial Commission Payroll Report: _____
9. Current statutory deposit type: Surety Letter of Credit U.S. Treasury LGIP Waiver
10. Name of Surety issuing bond rider or Bank issuing letter of credit amendment: _____

11. Does the applicant have a current excess insurance policy: Yes No
12. Name of the current excess insurance carrier and policy number: _____

13. Self-Insurance Retention Amount: \$ _____
14. Net Unpaid Liability X 125% as stated on the Workers' Compensation Liability Form: _____

15. Amount of the security deposit as calculated on the Workers' Compensation Liability form: _____

16. Have any structural changes occurred in the past year? Yes No
17. If question #16 was answered yes, state the changes, may attach a description: _____

18. Current (Calendar Year) Experience Modification Rate: _____
**If the Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken or will take to lower the Experience Modification Rate pursuant to A.A.C. § R20-5-1506 (B)(5).*



19. Arizona Registrar of Contractor #(S): _____

20. United States Department of Transportation Number U.S. DOT #(S): _____

21. Name address and telephone number of authorized self-insurer primary contact:

Name: _____

Title: _____

Address: _____

Telephone #: _____

Email: _____

22. Name address and telephone number of authorized self-insurer secondary contact:

Name: _____

Title: _____

Address: _____

Telephone #: _____

Email: _____

23. Name address and telephone number of authorized self-insurer primary tax contact:

Name: _____

Title: _____

Address: _____

Telephone #: _____

Email: _____



24. Name address and telephone number of authorized self-insurer secondary Tax contact:

Name: _____

Title: _____

Address: _____

Telephone #: _____

Email: _____

25. Name address and telephone number of third-party administrator or individual responsible for processing Arizona workers' compensation claims *(If self-administered, must complete Application to Self-Administer form pursuant to A.A.C. §§ 1503, 1510):*

Name: _____

Title: _____

Address: _____

Telephone #: _____

Email: _____

26. Name and address of Arizona agent upon whom legal notices may be served:

Name: _____

Title: _____

Address: _____

Telephone #: _____

Email: _____



27. Name, title, address, telephone number and email address of Pool Administrator primary contact:

Name: _____

Title: _____

Address: _____

Telephone #: _____

Email: _____

28. Name, title, address, telephone number and email address of Pool Administrator secondary contact:

Name: _____

Title: _____

Address: _____

Telephone #: _____

Email: _____

29. Contact information where Arizona workers' compensation claims will be processed:

Name: _____

Title: _____

Address: _____

Telephone #: _____

Email: _____

30. Attach a completed ICA Preferred Communication Form, where claims will be notified. The form can be found here. [ICA Preferred Communication Form](#)

31. **Submit Required Forms, Attachments, and information - located on Page 6 and 7 of this Renewal Application.**



Upon signing this renewal application, I, _____, attest that the information and assertions contained in this renewal application and the accompanying and forms are factually correct and true. I further attest that I have the authority to sign and file this application on behalf of the named applicant.

Authorized Representative Name: _____

Date Signed: _____

Signer Email Address: _____

Authorized Representative Signature: _____

Name of person completing and submitting the form: _____

Date Submitted: _____

Submitter Email Address: _____

Required Forms and Attachments

1. **OPEN CLAIMS LOSS RUN**

Attach an open loss run of all claims incurred in Arizona from the initial self-insurance authorization date to 60 days before the renewal date using Excel. The loss run must include the following information for each open claim: Payroll Classification Code, Commission claim number, employee name, date of injury, total paid medical, reserve medical, total paid indemnity and indemnity reserves, apportionment reimbursement expected, and excess insurance reimbursement expected.

2. **WORKERS' COMPENSATION LIABILITY FORM**

Complete and attach the Industrial Commission of Arizona's Workers' Compensation Liability Form.

3. **PROOF OF REIMBURSEMENT FROM EXCESS INSURANCE**

If an excess insurance credit was claimed attach proof of carrier notification and/or reimbursement for each claim a credit is being claimed for.

4. **PROOF OF APPORTIONMENT - SPECIAL FUND RESPONSIBILITY AMOUNT**

If an apportionment credit was claimed attach a copy of the award.

5. **APPLICATION TO SELF-ADMINISTER CLAIMS**

*Must complete Application To Self-Administer Claims pursuant to A.A.C. §§ 1503, 1510, if self-administering claims. Training must be completed and approved by the ICA Claims Division.

6. **CURRENT FINANCIAL STATEMENT**

Attach copies of the most current audited financial statements. If the applicant is a subsidiary, attach copies of the most current financial statements of the Parent Company.



Required Forms and Attachments Continued – All Self-Insurers

7. **CURRENT EXCESS INSURANCE POLICY**
Attach a copy of the current excess policy.
8. **SELF-PROVIDER OF MEDICAL BENEFITS FORM** *(Complete and submit if medical care is directed or if self-insurer is on utilizing the Ex-Medical Tax Plan)*
9. **DETAILED EXPLANATION OF HOW CARE IS DIRECTED** *(Complete and submit if medical care is directed or if self-insurer is on utilizing the Ex-Medical Tax Plan)*
10. **MEDICAL CONTRACTS OR A PROVIDER LIST** *(if medical care is directed or if self-insurer is on utilizing the Ex-Medical Tax Plan)*
11. **ACTUARY REPORT** (Municipal Employers and Pools)
12. **WAIVER REQUEST** (Municipal Employers and Municipal Pools)
13. **PARENT COMPANY GUARANTY – (PUBLICLY TRADED AND PRIVATE EMPLOYERS)**
If applicant is a subsidiary with a new parent attach a completed Parent Company guaranty form signed by a designated representative of the Parent Company that guarantees the administration of the subsidiary's obligations:
14. **RESOLUTION TO ACCOMPANY PARENT COMPANY GUARANTY**
(Applies to publicly traded and private employers)
If completing a new parent company guaranty, attach a resolution of the Parent Company's board of directors or governing body authorizing the designated representative to complete, sign, and file the Parent Guaranty Form.
15. **SUPPORTING INFORMATION FOR COMPANY CHANGES**
(Applies to publicly traded, private employers and pools)
Attach supporting Articles for new parents, adding or changing subsidiaries: Article of Incorporation, Article of merger or acquisition, Bill of sale, Article of Name Change, Trade Name documents, Article of Divestiture, etc.
16. **COPY OF CONTRACT WITH THIRD-PARTY ADMINISTRATOR**
(Applies to publicly traded, private employers and pools)

Required Additional Information- Private Employers

- (1) If applicant holds its financial information free from public inspection, the applicant can request financial information be kept confidential pursuant to A.R.S. § 23-107 (D) - Contact Self-Insurance@azica.gov.

Required Additional Information- All Pools

- (1) Copy of Articles of Incorporation if changed from prior year.
- (2) Copy of the Pool By-Laws if changed from prior year.
- (3) Copy of the signed agreement between the pool administrator and the pool board if changed from prior year.
- (4) Member list with join dates