



INDUSTRIAL COMMISSION OF **ARIZONA**

SELF-INSURER NOTICE TO COMMISSION OF CHANGE IN COVERAGE SITE A.R.S. § 23-930 and A.A.C § R20-5-127

This form is for Self-Insurer use only. Carriers are to report through NCCI.

Pursuant to § R20-5-127. Insurance Carrier Notification to Commission of Coverage, Every insurance carrier and self-insurer that is authorized to underwrite workers' compensation insurance in Arizona shall, within five days after undertaking to insure an employer, report that information to the Commission. The carrier shall provide the information on the Notice to Commission of Coverage Form. Failure to comply with this Section does not affect the validity of coverage.

Failure to comply with this Section may result in Bad Faith and Unfair Claim Processing Practices and Civil Penalties pursuant to A.R.S. § 23-930 and A.A.C. § R20-5-163

Self-Insurer Employer Name: _____

Self-Insurer Identification Number: _____

Name of Subsidiary/DBA: _____

Terminating Coverage Location:

- *Employer coverage site address to be terminated (attach list if needed), DBA(s) and effective date:*

Terminating Self-Insured Address: _____

Termination Effective Date: _____

Business Name & all DBA(s) at this location: _____

New Owner: _____

New WC Insurance policy information (carrier/policy #), if known: _____



Adding New Coverage Location:

- *Employer coverage site address to be added (attach list if needed), DBA(s) and effective date:*

Adding Self-Insured Address: _____

Effective Date: _____

Business Name & all DBA(s) at this location: _____

I, _____, attest to the correctness of the information contained in this form. I further attest that there are no lapses in workers' compensation coverage and understand failure to obtain workers' compensation coverage may result in citations and penalties for non-compliance.

Name of Signatory

Authorized Officer Signature

Title of Signatory

Date

Email Address

Phone Number