

Form SI-12 Rev. 8/01/2006	ARKANSAS WORKERS' COMPENSATION COMMISSION SELF-INSURANCE DIVISION 324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-2783 / 1-800-622-4472	SI-12
Ark. Code Ann. §11-9-404 & AWCC Rule 099.05		

APPLICATION FOR MEMBERSHIP IN A GROUP

Name of Group Self-Insurer:						
Name of Applicant:		Telephone Number ()				
		Facsimile Number ()				
Mailing Address:						
City, State, and Zip Code:		Years in Business:				
Application is for: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify)		Federal Employer Identification Number (FEIN):				
Nature of Business:						
PHYSICAL LOCATIONS: List physical address, city, state, and zip code - (If more locations, please list on a separate page and attach.)						
1.						
2.						
3.						
4.						
5.						
6.						
Name of officers, owners or partners, and addresses						
	(First name)	(MI)	(Last name)	(Title)	(Address)	Include for Coverage
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE: THE INFORMATION IN ITEMS 1 - 5 BELOW IS CONFIDENTIAL

1. Number of employees working for applicant in Arkansas at this time _____
2. Arkansas workers' compensation and employer's liability insurance coverage prior to effective date carried by: _____

3. What is the expiration date of applicant's current workers' compensation coverage? _____
4. List the class codes and descriptions used on the applicant's existing or previous workers' compensation policy.

If the applicant is a new entity, skip this step and proceed with number 5. (Attach an additional sheet if more space is needed)

MANUAL CODE	DESCRIPTION

5. Please complete the following, based on the preparation of the proposed group policy

NO. OF EMPLOYEES	MANUAL CODE	CLASSIFICATION	PAYROLL	RATE PER \$100	ANNUAL PREMIUM
Totals			\$		\$
Experience Modifier _____			Experience Modifier Discount		\$
Premium Size Discount _____%			Premium Size Discount		\$
Front-End Discount _____%			Front-End Discount		\$
			Total projected premium to be paid for the policy period		\$

6. We hereby formally apply for continuing membership in the above named group, to be effective at 12:01 A.M. _____, 2 _____, and if accepted by the group's duly authorized representative, do hereby designate and appoint the named manager of the Group as our agent-in-fact in all matters relating to the workers' compensation laws and/or employer's liability.

We further agree as follows:

- A. To accept and be bound by the provisions of the Arkansas workers' compensation laws.
- B. That, by application and reference, the terms and provisions of the Group Indemnity Agreement and/or Amendment thereto filed, or any renewal Indemnity Agreement which may hereafter be filed with the Arkansas Workers' Compensation Commission are hereby adopted, approved, ratified and confirmed by us: and, further, we agree to assume all of the obligations set forth therein, including, but not limited to, our joint and several liabilities for payment of any lawful awards against any member of the Group.
- C. To abide by the rules and regulations of the Trustees of the Group and to conform to the terms of the agreements they may enter into with any authorized third party administrator as long as we remain a member of the group.
- D. We agree to give at least thirty (30) days written notice to the Group prior to our withdrawal as a member. In the event, of any changes in ownership, corporate structure, legal entity, nature of business or if any locations are to be added or deleted, we agree to so notify the Group immediately. The Group will give written notice thirty (30) days prior to cancellation or expulsion of any member.

(Name of applicant)

(Printed Name of authorized officer of Applicant)

(Signature of authorized officer of Applicant)

(Title of officer)

State of Arkansas

County of _____ }

Subscribed and sworn to me by _____ on this _____ day of _____, 2_____.

Notary Public

My Commission Expires: _____

The application and supporting documents of _____ have been properly received and noted. Said applicant is hereby approved and accepted for membership in the Group effective the _____ day of _____, 2_____.

(Name of Group)

By: _____
Chairman, Board of Trustees

Date of Signing