



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone: 404-656-2074 ♦ Fax: 404-657-7743 ♦ Email: RegServices@oci.ga.gov



www.oci.ga.gov

**APPLICATION FOR MEMBERSHIP IN
GROUP SELF-INSURANCE FUND**

REGULATORY SERVICES
GID-263-RS JAN2012
(same as GSF-3)

All information pertaining to the application shall not be deemed to be a public document and shall be maintained in confidence by the Commissioner and the Fund.

To the Commissioner of Insurance of the State of Georgia and the _____ Fund,

Application is hereby made for membership in above _____ Fund,

(1) Member Name _____

(2) Address _____

(3) Telephone Number of Employees _____

(4) Federal Employer I.D. Number _____

(5) Nature of Business _____

(6) Type of Business: () Corporate () Partnership () Individual () Other _____

(7) List of Partners, Owners or Corporate Officers:

NAME	ADDRESS	TITLE	PERCENT OWNERSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(7a) List Chief Administrative Officer of a governmental or hospital entity:

(8) If corporation, name and address of Resident Agent:

(9) Location of all operations to be included in the Fund:

NAME	PRINCIPAL ADDRESS	TYPE OF BUSINESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(10) If applicant is a subsidiary, name parent company:

NAME	ADDRESS	TYPE OF BUSINESS
_____	_____	_____



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone: 404-656-2074 ♦ Fax: 404-657-7743 ♦ Email: RegServices@oci.ga.gov



www.oci.ga.gov

APPLICATION FOR MEMBERSHIP IN GROUP SELF-INSURANCE FUND

REGULATORY SERVICES GID-263-RS JAN2012 (same as GSF-3)

IF THE APPLICANT IS UNABLE TO OBTAIN ALL THE INFORMATION REQUESTING IN QUESTION (11) IT MAY, INSTEAD, INCLUDE A CERTIFICATION SIGNED BY THE ADMINISTRATOR OR CHAIRMAN OF THE BOARD OF TRUSTEES OF THE FUND THAT THE INFORMATION ACTUALLY PROVIDED IS SATISFACTORY TO THE FUND:

(11) Loss history for, the last three completed years:

Table with 4 columns: Question (a-f), Year Ending, Year Ending, Year Ending. Includes questions about accidents, claims, reserves, and fatalities.

(12) Estimated premium for twelve month period: Beginning: Month _____ Day _____ Year _____

Table with 5 columns: Classification Code, Classification Description, Estimated Annual Payroll, Current Rate, Estimated Annual Premium. Includes Total Payroll and Total Premium rows.

(13) Present carrier of workers' compensation insurance indicate if applicant participated in a workers' compensation self-insurance program: _____

(14) Present workers' compensation premium _____

(15) Statement of Assets and Liabilities as of _____ (Date)

APPLICANT MAY SUBMIT A COPY OF THE MOST RECENT AUDITED FINANCIAL STATEMENT CERTIFIED BY A CERTIFIED PUBLIC ACCOUNTANT, IN LIEU OF COMPLETING QUESTIONS (15) AND (16). QUESTIONS (15) AND (16) DO NOT HAVE TO BE ANSWERED BY MUNICIPALITY, COUNTY AND SCHOOL BOARD APPLICANTS.

DOLLARS ONLY

Current Assets:

Table listing current assets: Cash on hand, Cash in bank, Notes receivable (Less than 1 year old), Merchandise, Other current assets, and TOTAL CURRENT ASSETS.



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone: 404-656-2074 ♦ Fax: 404-657-7743 ♦ Email: RegServices@oci.ga.gov



www.oci.ga.gov

**APPLICATION FOR MEMBERSHIP IN
GROUP SELF-INSURANCE FUND**

**REGULATORY SERVICES
GID-263-RS JAN2012
(same as GSF-3)**

Fixed Assets:

Machinery and fixtures (net of depreciation) \$ _____

Real Estate (net of depreciation) \$ _____

Investment \$ _____

(describe nature of same) _____

TOTAL FIXED ASSETS \$ _____

Other non-current assets \$ _____

(describe) _____

TOTAL ASSETS \$ _____

Current Liabilities:

Accounts Payable \$ _____

Notes payable given for merchandise \$ _____

Notes payable negotiated otherwise \$ _____

Other current liabilities and accruals: \$ _____

TOTAL CURRENT LIABILITIES \$ _____

Long-Term Debt:

Notes payable \$ _____

Bonded Indebtedness \$ _____

Mortgage Indebtedness \$ _____

Other long-term debts \$ _____

TOTAL LONG-TERM DEBT \$ _____

TOTAL LIABILITIES \$ _____



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone: 404-656-2074 ♦ Fax: 404-657-7743 ♦ Email: RegServices@oci.ga.gov



www.oci.ga.gov

**APPLICATION FOR MEMBERSHIP IN
GROUP SELF-INSURANCE FUND**

REGULATORY SERVICES
GID-263-RS JAN2012
(same as GSF-3)

Surplus/Owners Equity:

Capital Stock (Common) \$ _____

Paid-in excess \$ _____

Retained Earnings \$ _____

Undivided Profits (Partnership only) \$ _____

Other \$ _____

TOTAL SURPLUS/OWNERS Equity \$ _____

TOTAL LIABILITIES, SURPLUS/OWNERS EQUITY: \$ _____

Contingent Liability \$ _____
(Notes Receivable of customers discounted or sold and not included in Assets)

Other Contingent Liabilities \$ _____

If limited partnership, give date (_____) of formation and duration (_____)

STATEMENT - Is it based on actual inventory? ____ No ____ Yes, give date: (_____)

VERIFICATION - Have the books been audited by a certified public accountant? ____ No ____ Yes, date: (_____)

If applicant is a corporation: Authorized capital stock: (Common) \$ _____ (preferred) \$ _____

Paid and subscribed as follows:

Cash \$ _____

Patents, Trademarks \$ _____

Goodwill \$ _____

Property listed among Assets \$ _____

(16) Relate facts, covering the past three years:

	Sales	Expenses (Inc. Payroll)	Payroll (Inc. Payroll)	Profits
Year (____)	\$ _____	\$ _____	\$ _____	\$ _____
Year (____)	\$ _____	\$ _____	\$ _____	\$ _____
Year (____)	\$ _____	\$ _____	\$ _____	\$ _____



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone: 404-656-2074 ♦ Fax: 404-657-7743 ♦ Email: RegServices@oci.ga.gov



www.oci.ga.gov

**APPLICATION FOR MEMBERSHIP IN
GROUP SELF-INSURANCE FUND**

**REGULATORY SERVICES
GID-263-RS JAN2012
(same as GSF-3)**

Amount of indebtedness past due \$ _____

Insurance of merchandise \$ _____

Insurance on buildings and plant \$ _____

(17) Safety, sanitation and welfare conditions:

Is your business or any part thereof inspected Otherwise than by State Authority? _____ No _____ Yes

If so, by whom? _____

Have you fulfilled all safety requirements of the State Board of Workers Compensation? _____ No _____ Yes

Have you a committee of safety whose duty it is to recommend safety devices a to secure compliance with statutes or general orders of the Board of Workers' Compensation as to safety and sanitation? _____ No _____ Yes

Do you maintain a hospital in connection with your works? _____ No _____ Yes
If so, state description of its equipment and service.

In consideration for the approval of this application, the applicant agrees as follows:

(A) That the applicant will comply with O.C.G.A. Chapter 34-9, the Regulations promulgated there under all lawful Orders of the Commissioner, the Rules and Orders of the State Board of Workers' Compensation, and the rule regulations and bylaws of this Fund.

(B) That the applicant will be jointly and severally liable for all obligations of this Fund during the entire period of membership in the Fund.

(C) That the applicant will pay promptly any lawful premiums or assessment due as a member of the Fund.

(D) That the Commissioner will approve or disapprove this application within the time allowed by O.C.G.A. Section 34-9-155 following receipt by him of the application and all supporting information requested.

(E) That the applicant will be notified by at least first class mail as to date (12:01 am.) coverage begins which is understood to be the effective date of membership in the Fund.

(F) That the applicant will submit an "Application to Withdraw from Group Self-insurance Fund" ninety (90) days prior to voluntary withdrawal from the Fund.

(G) That the coverage under this membership shall be for Georgia operations only, including incidental coverage in other States.

(H) That the Fund shall notify the Commissioner within fourteen (14) days of any change in any of the information contained in questions (1) through (10) of this application.



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone: 404-656-2074 ♦ Fax: 404-657-7743 ♦ Email: RegServices@oci.ga.gov



www.oci.ga.gov

**APPLICATION FOR MEMBERSHIP IN
GROUP SELF-INSURANCE FUND**

REGULATORY SERVICES

GID-263-RS JAN2012
(same as GSF-3)

PLEASE SIGN BELOW - INDICATING THAT YOU HAVE READ AND UNDERSTAND THE ABOVE A-H.

(SIGN NAME OF APPLICANT)

(PRINT NAME OF APPLICANT)

By: _____

(PRINT NAME)

(TITLE)

(DATE)

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

AFFIDAVIT

COUNTY _____ STATE _____

I, _____ the undersigned being the

(TITLE)

the _____

(NAME OF APPLICANT)

swear (or affirm) that to the best of my knowledge and belief, the statements contained in the application, including the accompanying documents, are true and complete.

By: _____

NOTARY

Sworn to and Subscribed before Me this _____ day of _____, _____.

(Notary Public)

(My Commission Expires)

(Seal)