



**APPLICATION FOR GROUP SELF-INSURANCE**

*(To be executed and sworn to in triplicate)*

ALL INFORMATION CALLED FOR ON APPLICATION MUST BE IN TYPEWRITTEN FORM

The undersigned Group Fund hereby makes application to carry its own liability without insurance as provided in the Missouri Workers' Compensation Law. In connection with such application it makes the following declaration for the purpose of enabling the Division of Workers' Compensation (DWC) to determine whether it possesses sufficient financial ability to render certain the payment of compensation which its employees and their dependents may be entitled to under the Missouri Workers' Compensation Law.

Applicant hereby agrees that if this application be approved, such approval shall be subject to its furnishing such security as may be required by the DWC. Applicant further agrees to abide by all of the provisions of the Missouri Workers' Compensation Law and by the rules governing self-insurers under said law.

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**Applicant Group Fund (Official Name)** \_\_\_\_\_ *(Effective Date)*

1. Address of Principal Office \_\_\_\_\_  
*(Number) (Street) (City) (State) (ZIP Code)*

2. Trustees

<u>Name</u>	<u>Business Address</u>
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3. Administrator \_\_\_\_\_  
*(Name) (Address) (Phone Number)*

4. Claims Program \_\_\_\_\_  
*(Name of Service Company) (Address) (Phone Number)*

5. Safety Program \_\_\_\_\_  
*(Name of Person Responsible) (Phone Number)*

*Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711*

6. Total Number of Employer Members \_\_\_\_\_  
(Attach List of Members)

Total Estimated Premium \_\_\_\_\_

Excess Carrier \_\_\_\_\_

Group Experience Mod. \_\_\_\_\_

Policy Number \_\_\_\_\_

Standard Premium \_\_\_\_\_

Estimated Collectible  
Premium After Discount \_\_\_\_\_

7. Applicant will Submit:

A. Specific Excess Insurance

Policy Limit \$ \_\_\_\_\_

Retention \$ \_\_\_\_\_

Term \_\_\_\_\_ to \_\_\_\_\_

C. Surety Bond

Amount \$ \_\_\_\_\_

Bond Number \_\_\_\_\_

Carrier \_\_\_\_\_

B. Aggregate Excess Insurance

Policy Limit \$ \_\_\_\_\_

Term \_\_\_\_\_ to \_\_\_\_\_

Loss Fund \_\_\_\_\_% of collectible premium  
after any discount

Loss Fund \$ \_\_\_\_\_

Loss Limit \$ \_\_\_\_\_

Est. Min. Loss Fund \$ \_\_\_\_\_

D. Fidelity Bond

Amount \$ \_\_\_\_\_

Bond Number \_\_\_\_\_

Carrier \_\_\_\_\_

In consideration of the privilege of being a self-insurer, we hereby agree:

- a. That we will discharge our liability for compensation to injured employees or their dependents in accordance with the requirements of the Workers' Compensation Act of the State of Missouri.
- b. That we will follow the Administrative Rules of the DWC and any additional conditions imposed by the Division as part of our approval.
- c. That we will promptly furnish all reports to the DWC which it may lawfully require under the Workers' Compensation Act.
- d. That we will notify the DWC promptly of any unfavorable turn in our financial condition which might reasonably reduce our ability to carry our own risk under the Workers' Compensation Act.

We affirm all information submitted as being true.

\_\_\_\_\_  
(Group Fund)

by

\_\_\_\_\_  
(Official Title)

Date \_\_\_\_\_

