TEXAS DEPARTMENT OF INSURANCE
Financial Regulation Division - Company Licensing and Registration (103-CL)
333 Guadalupe, Austin, Texas 78701 ✯ PO Box 149104, Austin, Texas 78714-9104
(512) 676-6400 | F: (512) 490-1035 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

APPLICATION FOR CERTIFICATE OF APPROVAL TO CONDUCT WORKERS' COMPENSATION SELF –INSURANCE GROUP (SIG) BUSINESS IN THE STATE OF TEXAS

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF TEXAS:

On behalf of _____
(Full name of SIG)

we hereby apply for a Certificate of Approval pursuant to Chapter 407A of the Texas Labor Code and 28 Texas Administrative Code §5.6403 to conduct the business of a Texas Workers' Compensation Self-Insurance Group.

_____ 20____
(Date)

_____
(Mailing Address)

_____
(City) (State) (Zip Code)

_____ _____ _____
(Office Phone) (Fax Number) (Toll Free Number)

_____
(Location of Books & Records)

_____
(Date of Organization of the Group)

Applicant Officers' Certification and Attestation

President of the Board of the applicant SIG and the President of proposed Administrator of the applicant SIG must read the following very carefully:

1. We hereby certify, under penalty of perjury, that we have read the application, that we are familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. We are aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for discipline or other administrative action and may subject us or the Applicant, or both, to civil or criminal penalties.

2. We acknowledge that members of the applicant Group are in the same or similar type of business as required by Labor Code §407A.002 (a) (1). We acknowledge that the members of the Group have the same governing classification or are similar enough in operation in the Commissioner's discretion to be grouped together.

3. We acknowledge that the Trade or professional association has been in existence for purposes other than insurance for five (5) years prior to the organization of the Group.

4. We acknowledge the Groups' responsibility to meet the notification requirements pursuant to 28 Texas Administrative Code §5.6404 (a) and (c).

5. We hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this _____ at _____.

_____ _____

Date Signature of President of the Board of the Applicant

_____

Full Legal Name

_____ _____

Date Signature of President of the proposed Administrator

_____

Full Legal Name

_____

Signature of Witness

_____

Full Legal Name of Witness