

Date: \_\_\_\_\_

## REQUEST FOR INTERIM CERTIFICATE FOR GROUP MEMBER

Please consider this request and \$100 for issuance of an Interim Certificate of Consent to Self-Insure for the following member of our private self insured group.

\_\_\_\_\_ which holds Certificate of Consent to Self-Insure No. \_\_\_\_\_

1. Legal Name of Group Member: \_\_\_\_\_

(for current legal name of a California Corporation you can view <http://kepler.ss.ca.gov/list.html>)

(If a General Partnership you can check your general partnership agreement)

(If a Sole Proprietorship you can check on your business license, or your filing of your Federal Tax ID or Franchise Tax State filing)

2. State of Incorporation of Group Member: \_\_\_\_\_

3. Federal Tax Identification Number of Group Member: \_\_\_\_\_

4. Requested Effective Date of Interim Certificate: \_\_\_\_\_

5. Nature of Business: \_\_\_\_\_

6. 3-digit NAICS Code: \_\_\_\_\_ OR two digit SIC Code: \_\_\_\_\_

7. Annual California Payroll of member during the last 12 months or the latest 12 month period that payroll figures are available:

\$ \_\_\_\_\_ Period Reported: \_\_\_\_\_ to \_\_\_\_\_

8. Current experience modification: \_\_\_\_\_

If the Interim Certificate above is granted, on behalf of the Master Certificateholder named above, I hereby bind our company to be financially responsible to pay all workers' compensation claim liabilities arising out of the period of time the Interim Certificate is granted.

Please forward the application forms to this office for completion. I am aware the Interim Certificate will remain in effect for 180 days and the application process must be completed within this time period and that no extension may be granted.

Sincerely,

\_\_\_\_\_  
Signature

Typed Name/Title: \_\_\_\_\_

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_