

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## PERMIT TO WRITE INSURANCE

In conformity with Title 34, Section 34-9-131 of the Code of Georgia, it is hereby represented that the undersigned applicant has heretofore been licensed by the Insurance Commissioner of Georgia to write workers' compensation insurance, and has complied with the provisions of the laws of the State of Georgia regulating insurance companies, under the provisions of the Georgia Workers' Compensation Act. Send this form, accompanied by Certificate of Authority, to State Board of Workers' Compensation, 270 Peachtree Street NW, Atlanta, GA 30303-1299.

An insurance carrier shall file form WC-121 for the sole purpose of giving notice to the Board of the employment of a servicing agent, and/or the replacement of a servicing agent. If W-121 is used for an unauthorized purpose or by an unauthorized submitter, the form will be rejected for filing. Form WC-121 shall be filed no later than the commencement date of those services. When replacing the service of a servicing agent, form WC-121 shall be filed no later than 30 days prior to the date of the cessation of services.

<b>SECTION A. CORPORATE OFFICE</b> (Corporate Officer Responsible for Regulatory Issues)			
Name of Carrier (As it appears on Certificate of Authority)		FEIN #	
Address	City	State	Zip Code
Contact Person	Title	Toll Free Phone No. Plus Extension	
Primary E-mail Address for Licensure/Assessment			

<b>SECTION B.</b>			
<b>Pursuant to Code 34-9-131(b)...Upon obtaining said permit, the insurer shall designate and maintain an office in the State of Georgia for the handling of claims or shall designate an agent located in the State of Georgia who shall be authorized to execute instruments for the payment of compensation.</b>			
GEORGIA AGENT <b>MUST</b> be located Georgia and <b>MUST</b> be able to execute payment/have check writing authority.			
Company	Contact Person	Telephone Number	
Mailing Address	City	State	Zip Code
Contact Person	E-mail Address	Telephone Number	

<b>SECTION C. Submitter Information</b>	
The undersigned applicant covenants and agrees with the State Board of Workers' Compensation to be bound in all respects by the Georgia Workers' Compensation Act as embodied in title 34 of the Code of Georgia of 1982, as amended..	
Signed This _____ Day of _____, 20____.	
Name of Company / Person Completing this application _____	
Type or Print Name	Signature
Phone Number	E-mail Address

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-651-7839 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).