

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

APPLICATION FOR 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 current GA Certificate of Authority, to State Board of Workers' Compensation, 270 Peachtree Street NW, Atlanta, GA 30303-1299.**

Pursuant to the 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.

| SECTION A. CORPORATE OFFICE | | | |
|---|-------|------------------------------------|----------|
| Name of Carrier (As it appears on Certificate of Authority) | | | FEIN # |
| Mailing Address | City | State | Zip Code |
| Corporate Contact Person | Title | Toll Free Phone No. Plus Extension | |
| Primary E-mail Address | | Secondary E-mail Address | |

| SECTION B. Claims Office | | | |
|--------------------------|----------------|------------------------------------|----------|
| Name of Claims Office | | Contact Person for Claims Handling | |
| Mailing Address | City | State | Zip Code |
| Phone Number | E-mail Address | | |

| SECTION C. Georgia Agent (If Section A and B are both locations outside the State of Georgia, Section C must be completed.) | | | |
|--|------------------------|--------------|----------|
| GEORGIA AGENT MUST be located in Georgia and MUST be able to execute payment/have check writing authority. | | | |
| Company | Contact Person | Phone Number | |
| Mailing Address | City | State | Zip Code |
| E-mail Address | Toll Free Phone Number | | |

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____.

| | |
|--------------------|----------------|
| Type or Print Name | Signature |
| Phone Number | E-mail Address |

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.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).

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This form is filed after receiving approval from the Georgia Office of Insurance and Safety Fire Commissioner Office. It must be accompanied by the **current** Georgia Certificate of Authority.

SECTION A
COPRPORATE OFFICE
(all fields are mandatory in section A)

1. Name of Carrier – (no acronyms)
2. FEIN number
3. Mailing address, city, state, and zip code – this is the address that will be used by the Board for all notifications/legal notices and may be given to the public
4. Corporate Contact Person – this is the person the Board will contact if needed
5. Title
6. Toll free phone number and ext – this number will be used by the Board and given to the public
7. Primary e-mail address – this will be used by the Board for all notifications/legal notices and may be given to the public
8. Secondary e-mail address – if applicable – will receive same notifications/legal notices as primary

SECTION B
CLAIMS OFFICE
Claims Office must be licensed or exempt in the State of Georgia

1. Name of Claims Office
2. FEIN # of the Claims Office
3. Mailing address, city, state, and zip code – this is the address that will be used by the Board for all notifications/legal notices and may be given to the public
4. Contact Person for claims handling – this is the person the Board will contact if needed.
5. Title
6. Toll free phone number and ext – this number will be used by the Board and given to the public
7. Primary e-mail address – this will be used by the Board for all notifications/legal notices and may be given to the public
8. Secondary e-mail address – if applicable – will receive same notifications/legal notices as primary

SECTION C
GEORGIA AGENT
This section is required when both locations named in sections A and B are out of state

1. Company
2. Contact Person
3. Phone number
4. Mailing address, city, state and zip code
5. E-mail address
6. Toll free phone number

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