

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## APPLICATION FOR PERMIT TO WRITE INSURANCE

In conformity of O.C.G.A. § 34-9-131, 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 O.C.G.A. § 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 <b>MUST</b> be located in Georgia and <b>MUST</b> 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 to be bound in all respects by the Georgia Workers' Compensation Act.	
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.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).

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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** **CORPORATE 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 number 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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