



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
 Insurance Division - Self-Insurance
 500 James Robertson Parkway, 4th Floor
 Nashville, Tennessee 37243-1132

APPLICATION FOR GROUP MEMBERSHIP

Application For Membership In The _____
 _____ Group Self-Insurer.

1. Name _____
2. Address _____
3. Federal Employer Identification Number _____
4. Applicant is: () Corporation () Partnership () Individual
5. Nature of Business _____
6. List of Partners, Owners or Corporate Officers:

NAME	ADDRESS	TITLE	PERCENTAGE OWNERSHIP

7. Number of Employees Working for Applicant in Tennessee at This Time _____ .
8. Amount of Annual Payroll During Past Year for Applicants' Employees Working in Tennessee _____ .
9. Current Payroll or Projected Payroll for Applicants' Employees Working in Tennessee _____ .
10. Give the Following Payroll Facts for the Past Twelve Months Period Ended _____ .
 20_____ .

AMOUNT OF TENNESSEE PAYROLL BY OCCUPATIONAL CLASSIFICATION

No. of Employees	Classification	Payroll	Manual Code	Rate Per \$100	Annual Premium
Total premiums paid for the above period _____					\$

11. Tennessee Workers' Compensation and Employer's Liability Insurance coverage prior to effective date carried by: _____

12. We hereby formally apply for continuing membership in the above named Group, to be effective on _____, 20_____, and if accepted by its duly authorized representative, do hereby designate and appoint the named manager of the Group as our agent-in-fact in all matters relating to the Workers' Compensation Act and/or employer's liability. We further agree as follows:

- A. To accept and be bound by the provisions of the Tennessee Workers' Compensation Act.
- B. That by application and reference, the terms and provisions of the group Indemnity Agreement and/or Amendment thereto filed, or any renewal Indemnity Agreement which hereafter be filed with the Tennessee Insurance Commissioner are hereby adopted, approved, ratified and confirmed by us: and further, we agree to assume all of the obligations set forth therein, including but not limited to our joint and several liabilities for payment of any lawful awards against any member of the Group.
- C. To abide by the rules and regulations of the Trustees of the Group and to conform to the term of the agreements they may enter into with any authorized service company as long as we remain a member of the Group.
- D. We agree to give at least thirty (30) days written notice to the Group prior to our withdrawal as a member. Too, in the event, of any change in ownership, corporate structure, legal entity, nature of business or if any locations are to be added or deleted, we agree to so notify the Group immediately. The Group will give written notice thirty (30) days prior to cancellation or expulsion of any member.

(Applicant)
By _____
(Official and Title)

State of Tennessee
County of _____

Subscribed and sworn to me by _____
on this _____ day of _____, 20_____.

(Notary Public)

My Commission Expires: _____

Application and supporting documents of _____
Have been properly received and noted. Said applicant is hereby approved and accepted for membership in the Group effective _____
day of _____, 20_____.

(Name of Group)

By _____
Chairman, Board of Trustees

Date of Signing _____

AFFIDAVIT

County _____

State _____

I, _____, the undersigned, being the _____

_____ of the _____
(Title) (Name of Administrator)

_____, swear (or affirm) that to the best of my knowledge and belief, the statements contained in the application, including the accompanying documents are true and complete.

By: _____

Sworn before me this _____ day of _____, 20_____.

(Notary Public)

My Commission Expires: _____