



**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

**Ralph T. Hudgens, Commissioner**

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334

Phone: 404-656-2074 ♦ Fax: 404-657-7743 ♦ Email: RegServices@oci.ga.gov



www.oci.ga.gov

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
FOR GROUP SELF-INSURANCE FUND**

**REGULATORY SERVICES  
GID-261-RS JAN2012  
(same as GSF-1)**

To the Commissioner of Insurance, State of Georgia:

Application is hereby made for a Certificate of Authority for Group Self-Insurance Fund. (If additional space is required to answer any question(s), use separate sheets of paper numbering each to correspond to the question being answered).

(1) Name of Fund: \_\_\_\_\_

(2) Address of principal office of Fund: \_\_\_\_\_

(3) Location of Fund records: \_\_\_\_\_

(4) Desired effective date of Fund: \_\_\_\_\_

(5) Address of principal office of association or group: \_\_\_\_\_

(6) Telephone Number: \_\_\_\_\_

(7) Name of registered agent of Fund: \_\_\_\_\_

(8) Address of registered agent of Fund: \_\_\_\_\_

(9) List and attach the complete membership of the Fund including the names and their addresses. \_\_\_\_\_ (Initial attached)

(10) How will the administrative obligations of the Fund be met? \_\_\_\_\_

(11) Administrator: Name \_\_\_\_\_

Address \_\_\_\_\_

(12) Is any officer or trustee of the Fund an owner, partner, officer, director, shareholder or employee of the administrator or any parent or affiliated company? \_\_\_\_\_

(13) Designated depository: Name \_\_\_\_\_

Address \_\_\_\_\_

(14) Fund balance in depository as of application date: \_\_\_\_\_

(15) Other assets of Fund (describe): \_\_\_\_\_

(16) Estimated amount of first year normal annual premium: \_\_\_\_\_

(17) Estimated administrative costs, amount and percentage: \_\_\_\_\_

(18) Estimated first year losses based on members' loss history of last three years: \_\_\_\_\_

(19) Other liabilities of Fund (describe): \_\_\_\_\_

(20) Has each applicant for membership been informed that it will be jointly and severally liable for all liabilities of the Fund?  
\_\_\_\_ Yes      \_\_\_\_ No



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**THE FOLLOWING MUST ACCOMPANY THE APPLICATION:**

- o A copy of the bylaws of the Fund.
- o A copy of the intrastate agreement among the members.
- o A copy of any agreement between the Fund and any contract administrator of the Fund.
- o A copy of any contract, endorsement or application form the Fund intends to use.
- o An "Application for membership in Group Self-insurance Fund" from each member of the Fund.
- o An "Application to Serve as Officer, Director or Trustee of Group Self-Insurance Fund "from any officer, director or member of the board of trustees of the Fund. An "Application to Serve as Administrator of Group Self-Insurance Fund" from any administrator of the Fund.

In consideration of the approval of the application, the applicant agrees to the following:

(A) That its trustees, officers, administrator and members will comply with all provisions of O.C.G.A. Chapter 34-9, the Regulations promulgated there under, all lawful Order of the Commissioner and the Rules and Orders of the State Board of Workers' Compensation.

(B) That it will admit as a new member any eligible applicant who complies with requirements of O.C.G.A. Section 34-9-152(h) and the Regulations there under and will notify the Commissioner of its evaluation of each new applicant to membership.

(C) That it will notify the Commissioner of the amount and method of determination of any proposed premium or other assessment to be paid by a member or members.

(D) That it will notify the Commissioner of any dividend in accordance with Regulation.

(E) That any and all books and records of the Fund will be made available for inspection and examination by the Commissioner or his representative.

(F) That it will obtain specific and aggregate excess insurance policies written by companies authorized or approved to transact insurance in this State in the amounts prescribed by Regulation or such other amounts as the Commissioner deems necessary, and that it will submit copies of these policies to the Commissioner.

(G) That it will continuously maintain these policies and will, if it desires to make any change in these policies, notify the Commissioner at least sixty (60) days before the proposed effective date of the change.

(H) That the Commissioner may; at any time, revoke, suspend or fail to renew this Certificate of Authority in accordance with O.C.G.A. Section 34-9-169.

(I) That the Fund will not guarantee any financial obligation of any of its officers, trustees or administrators. \_\_\_\_\_ (Initial)

(J) That no Officer, Trustee, Administrator or Member of any committee or employee of the Fund who is charged with the duty of investing or handling the Fund's assets will borrow any asset of the Fund; deposit or invest such assets except in the name of the Fund; be pecuniary interested in any loan, pledge of deposit, security, investment, sale purchase, exchange, reinsurance or other similar transaction or property of the Fund; or take or receive for this own use any fee, brokerage, commission, gift or other



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consideration for or on account of any such transaction made by or on behalf of the Fund, except as provided by O.C.G.A. Section 34-9-180(c) or by regulation or the Commissioner. \_\_\_\_\_ (Initial)

(K) That it will notify the Commissioner within fourteen (14) days of any change in any of the information contained in this application.

\_\_\_\_\_  
(PRINT NAME OF FUND)

By: \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

**AFFIDAVIT**

COUNTY \_\_\_\_\_

STATE \_\_\_\_\_

I, \_\_\_\_\_ the undersigned being the

\_\_\_\_\_  
(TITLE)

the \_\_\_\_\_

(NAME OF APPLICANT)

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: \_\_\_\_\_

<b>NOTARY</b>	Sworn to and Subscribed before Me this _____ day of _____, _____.	( Seal )
	In the County of _____, State of _____.	
	_____ (Notary Public)	_____ (My Commission Expires)