



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 TO SERVE AS ADMINISTRATOR OF
GROUP SELF-INSURANCE FUND**

**REGULATORY SERVICES
GID-266-RS JAN2012
(same as GSF-6)**

To the Commissioner of Insurance, of Georgia State, and the _____ Fund:

Application is hereby made to administer the Fund:

(If additional space is required to answer any question, use separate sheets of paper, numbering each to correspond to the question being answered.)

(1) Name _____

(2) Address _____

(3) Telephone Number _____

(4) Name of Fund _____

(5) Address of Fund _____

(6) Status: (____) Corporation (____) Partnership (____) Individual

(7) List Names and Addresses of Owners and Partners:

NAME	ADDRESS	TITLE	OWNERSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(8) If Administrator is a company list name and address of Resident Agent:

NAME	ADDRESS
_____	_____

(9) List the names, addresses, and titles of the officers and director of the administrator:

NAME	ADDRESS	TITLE	PERCENT OWNERSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(10) Have any of the above named people been convicted of any crime other than minor traffic violations within the last ten years?
_____ No _____ Yes, explain: (_____)

(11) Is any officer or trustee of the Fund an owner, partner, officer, director, stockholder or employee of the administrator or any parent or affiliate company?
_____ No _____ Yes, explain: (_____)



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(12) Are you affiliated with or a subsidiary of a company licensed to transact insurance in this state?

No Yes, provide list of names and addresses

NAME

ADDRESS

_____	_____
_____	_____
_____	_____

(13) List all administrative services you intend to perform.

(14) List those individuals primarily responsible for administering the Fund and give their experience and educational background including any license in this or any other state within the last ten years. If any license have ever been refused, suspended, canceled or revoked, explain. Include all institutions of higher learning, dates attended and degrees received, any specialized training courses or seminars; membership in professional, technical or honorary societies, publications, honors or awards. List at least three different professional references for each individual.

(15) Detail the organizational structure and staff, available facilities, equipment and support personnel, how the various administrative services will be performed, and indicate the location in the structure of each individual in question (14). Enclose a copy of your most recent audited statement of your financial condition (or the most recent annual statement if an insurance company) and of any agreement or contract between you and the Fund.

In consideration for this application, the applicant agrees as follows:

(A) That the applicant will comply with O.C.G.A. Chapter 34-9, the Regulations promulgated thereunder, all lawful Orders of the Commissioner, the Rules and Orders of the State Board of Workers' Compensation, the rules, regulations and bylaws of the Fund and the terms of any contract with the Fund approved by the Commissioner.

(B) That the applicant and its employees will be in a fiduciary relationship with respect to any monies of the Fund received, collected, disbursed or invested. _____(initial)

(C) That the Fund will not guarantee any financial obligation of the applicant or any of its employees. _____(initial)

(D) That the applicant, its employees, and any company or firm in which the applicant is interested will not deposit or invest the Fund's assets except in the name of the Fund; borrow the assets of the Fund; be pecuniarily interested in any loan, pledge of deposit, security, investment, sale, purchase, exchange, reinsurance or other similar transaction or property of the Fund; take or receive for his or their own use any fee, brokerage, commission, gift, or other consideration of the Fund except in accordance with O.C.G.A. section performed or sales or purchases made to or proved by the commissioner. _____(initial)

(E) That any contact providing for compensation from the Fund to the applicant or any company or firm in which the applicant is interested must be approved and may be modified by the Commissioner. In the event of modification by the Commissioner, the applicant reserves the right to withdraw this application.

(F) That the applicant will obtain and maintain a fidelity bond in the amount of \$100,000 written by a company authorized to transact insurance in this State and will submit a copy of the bond to the Commissioner.

(G) That the applicant will obtain errors and omissions coverage or other appropriate liability insurance written by a company authorized to transact insurance in this State, in the amount of at least \$100,000, and that it will submit a copy of this policy to the Commissioner.



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(H) That the applicant will continuously maintain this policy throughout the term as administrator and will, if it desires to make any change in this policy, notify the Commissioner at least sixty (60) days before the proposed effective date of the change.

(I) That the applicant notify the Fund and the Commissioner within four-teen (14) days of any change in any of the information contained in this application.

(PRINT NAME OF ADMINISTRATOR)

By: _____

(PRINT NAME)

(TITLE)

(DATE)

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