

**STATE OF GEORGIA  
OFFICE OF COMMISSIONER OF INSURANCE  
REGULATORY SERVICES DIVISION**

**FORM GSF-2**

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

To the Insurance and Safety Fire Commissioner, State of Georgia:

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(NAME OF FUND)

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(ADDRESS)

hereby applies for the renewal of its Certificate of Authority for the year 20\_\_\_\_\_.

In consideration for the approval of this application, the applicant agrees to all conditions contained in the original "Application for Certificate of Authority for Group Self-Insurance Fund."

List any changes in the information contained in the application for Certificate of Authority, as amended by subsequent applications for renewal. Use separate sheets of paper, numbering each to correspond to the question. List changes even if the Commissioner has been notified, unless such changes were listed on the previous application for renewal.

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(PRINT NAME OF FUND)

BY: \_\_\_\_\_

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(PRINT NAME)

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(PRINT TITLE)

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(DATE)

**AFFIDAVIT**

COUNTY \_\_\_\_\_

STATE \_\_\_\_\_

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

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

of the \_\_\_\_\_  
(NAME OF FUND)

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 \_\_\_\_\_