



223E (12/4/84)  
Revised (09/11)

STATE OF UTAH  
LABOR COMMISSION OF UTAH  
DIVISION OF INDUSTRIAL ACCIDENTS

## RENEWAL APPLICATION FOR SELF-INSURANCE

PLEASE REVIEW THE RENEWAL APPLICATION, AS IT MUST BE COMPLETED IN FULL AND ALL REQUIRED ENCLOSURES MUST BE INCLUDED, OR IT MAY BE RETURNED WITH A **\$650.00** RE-APPLICATION FEE

Self-Insured Name: \_\_\_\_\_ Federal ID # \_\_\_\_\_

1. **Address of principal office** \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Internet Location: \_\_\_\_\_

2. **Person responsible for self-ins. program:** Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

3. **Contact if other than the above name:** Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

4. **Utah contact different from above names:** Name \_\_\_\_\_ Title: \_\_\_\_\_

Utah Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

5. **Person in charge of Safety Program:** Name \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

6. **Send correspondence to:** Name \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

7. **All open Utah workers' compensation claims, regardless of injury year.**

a. Outstanding workers' compensation claims as of: \_\_\_\_\_ (date)

b. Number of outstanding claims: \_\_\_\_\_

c. Medical Reserve to be paid in the future: \$ \_\_\_\_\_

d. Indemnity Reserve to be paid in the future: \$ \_\_\_\_\_

e. Total Amount of Reserves: \$ \_\_\_\_\_

f. Previously Reported Amount: \$ \_\_\_\_\_

g. Total adjustment: \$ \_\_\_\_\_

h. Where do you account for your Reserves:

General Fund Account: \_\_\_\_\_ Liability Fund Account: \_\_\_\_\_ Other: \_\_\_\_\_ -please attach explanation



**9. Claims handling Service (TPA):**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Toll Free Phone #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Internet Location: \_\_\_\_\_

If the TPA and/or claims adjuster is not located in Utah, who is their **Designated Agent**? \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_

**10. Have there been any changes within the past year pertaining to the following areas? If so please provide information related to any statement with a yes response.**

- a. Loss prevention Service Y \_\_\_ N \_\_\_
- b. On site physician Y \_\_\_ N \_\_\_
- c. Major changes to your employee handbook or procedures concerning workers' compensation Y \_\_\_ N \_\_\_
- d. Managed health care provider, or designated health care provider Pertaining to workers' compensation Y \_\_\_ N \_\_\_
- e. Number of Employees \_\_\_\_\_
- f. Gross payroll exceeding 5 percent from previous year Y \_\_\_ N \_\_\_
- g. Has the company formed, acquired, changed, divested of, merged or started new business operations on their subsidiaries, companies or divisions since the last application, or from the original application ? Y \_\_\_ N \_\_\_

If yes, please attach an explanation along with the following information:  
Name, Address, UI#, FEIN#, Effective date, Number of employees, Classification.

**11. The Company's NCCI Experience Modification as reported to the Utah Tax Commission for the previous calendar year: \_\_\_\_\_.**

**12. Has the company received any OSHA citations within the last year Y \_\_\_ N \_\_\_ for the state of Utah? If so, how many \_\_\_\_\_? Attach an explanation of each citation.**

**13. The renewal application must include:**

- a. Audited Financial Statement (if the financial information cannot be obtained from Dunn & Bradstreet)
- b. \$650.00 renewal fee
- c. Excess workers' compensation insurance certificate- if changed since previous year. Attach a copy of the insolvency endorsement also. **The excess carrier is still liable, if we do not receive a cancellation notice, even though they have an expiration date on the policy.**

**d. ALL locations (include any wholly owned subsidiaries) added or deleted** within the last 12 months. If additional locations please attach to the application.

**Locations Added**

	<u>Name</u>	<u>Federal ID Number</u>	<u>Address</u>	<u>Date added</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

**Locations Deleted**

	<u>Name</u>	<u>Federal ID Number</u>	<u>Address</u>	<u>Date deleted</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

14. **The entire contents of this renewal application, including enclosures, are certified to be correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
Name of Corporation or Public Entity

\_\_\_\_\_  
Signature of Official of Corporation or Public Entity  
with binding authority

15. **The entire contents of this renewal application, including enclosures are certified to be correct to the best of my knowledge, information and belief.**

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

\_\_\_\_\_  
Printed or typed name of person filing this form

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_  
(Notary Public)