

Effective March 4, 2000

**GROUP PURCHASE OF WORKERS' COMPENSATION INSURANCE
 APPLICATION FOR CERTIFICATION FOR GROUP TO FORM**

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE TEXAS DEPARTMENT OF INSURANCE AT LEAST SIXTY DAYS PRIOR TO THE PROPOSED EFFECTIVE DATE OF THE GROUP'S POLICIES.

CERTIFICATE OF APPROVAL No. _____

The business entities listed on this application are certified to form and maintain a group, in accordance with the Rules and Regulations of Group Purchase of Workers' Compensation Insurance Program. This certificate in no way shall obligate the Texas Department of Insurance to resolve or become involved in the resolution of any disputes and/or claims involving the group and/or members of the group. The Plan of Operation must set forth the procedures to resolve any and all disputes and/or claims that may arise among members and/or potential members of the group.

Approved By: _____ Issue Date: _____

Group: _____

Contact Person: _____

Name	Address
_____	_____
Phone	City/State/Zip Code
_____	_____

Administrator of Group: _____

Name	Address
_____	_____
Phone	City/State/Zip Code
_____	_____

Common Expiration or Pre-determined Premium Discount Evaluation Date of Policies: _____

Carrier: _____

	Names of Business Entities to be Included in Group	Location
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

	<u>Policy Effective</u>	<u>WC Governing Class Code</u>	<u>Estimated Premium</u>	<u>Number of Employees</u>	<u>Latest Modifier</u>	<u>Board File No.</u>
1a.	_____	_____	_____	_____	_____	_____
2a.	_____	_____	_____	_____	_____	_____
3a.	_____	_____	_____	_____	_____	_____
4a.	_____	_____	_____	_____	_____	_____

Attach list for additional business entities.

NOTE TO ADMINISTRATOR: The Plan of Operation must accompany this Application and be filed with: