

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

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

RENEWAL 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.