Association's Original Request for Group Insurance

Name of Association		Date		
Association Address		City	State	Zip
Effective Date of Propo	osed Group Policy			
request a group wor	kers' compensation	hereby submits the policy as defined in California Insuran		and documents in order to 6.7.
		Attached Documents		
A copy of (a) the art the custodian of the		and bylaws or (b) agreement of asso	ciation and rules and re	egulations, all certified by
If the association ha	as agreed to pay past	due premium of individual group mer	nbers:	
member within 6	0 days after the prem	er notifies the association of the nonpa nium was due, the association will be r dividends due for nonpayment of past	esponsible for past due	
2. A resolution of th	e governing board of	the association authorizing the execu	ition of the agreement.	
		Certifying Statements	3	
		hereby certifies the	following:	
1. The reasons for o	desiring group insura	nce are:		
		n or otherwise, will seek to reduce the in	cidence and severity of	accidents will be maintained
3. No less than 75%	of the regular memb	pership of the association is engaged intained during the time the group ins	in a common trade or b	
4. Check the applic	able box:			
51% or more of	the association's to	otal payroll is developed under:		
	nation of classification			
		піз арріїсаріе то.		
= 1	iculture	.n		
	Iding and Construction			
	nsportation and Ware	enousing		
<u> </u>	ber and Lumber			
		g industrial, domestic or agricultural v		0 1 0 1 4404 5
<u> </u>	•	d rehabilitation facilities licensed purs		
OR Mai	nutacturing facilities ((including Sectors 31 to 33 of the Nort	n American Industry C	lassification System)
75% or more of	the total payroll is o	developed under:		
		sifications Insert Classification and		
at least	one year prior to the	; and 50% or more of the associal issuance of the group insurance policity.	•	s have been members for
Name		Signature		
Title		Date		

Association's Original Request for Group Insurance

Agreement

	and
Name of Association	Name of Insurer
	ciation which are to be insured by the group insurance are engaged in a common standing, and that the association will notify the insurer of any change in such rom participation in the group plan.
Name of Association	Name of Insurer
Ву	Ву
Signature	Signature
Title	Title
Date	 Date