

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

APPLICATION FOR PERMIT TO WRITE INSURANCE

In conformity with Title 34, Section 34-9-131 of the Code of Georgia, it is hereby represented that the undersigned applicant has heretofore been licensed by the Insurance Commissioner of Georgia to write workers' compensation insurance, and has complied with the provisions of the laws of the State of Georgia regulating insurance companies, under the provisions of the Georgia Workers' Compensation Act. Send this form, accompanied by current GA Certificate of Authority, to State Board of Workers' Compensation, 270 Peachtree Street NW, Atlanta, GA 30303-1299.

Pursuant to the Code 34-9-131(b)...Upon obtaining said permit, the insurer shall designate and maintain an office in the State of Georgia for the handling of claims or shall designate an agent located in the State of Georgia who shall be authorized to execute instruments for the payment of compensation.

SECTION A. CORPORATE OFFICE			
Name of Carrier (As it appears on Certificate of Authority)			FEIN #
Address		City	State Zip Code
Contact Person	Title	Toll Free Phone No. Plus Extension	
Primary E-mail Address		Secondary E-mail Address	

SECTION B. TPA/Serviceing Agent			
Name of TPA / Serviceing Agent		Contact Person	
Mailing Address	City	State	Zip Code
Phone Number and Ext	E-mail Address		

SECTION C. (If Section A and B are both locations outside the State of Georgia, Section C must be completed.)			
GEORGIA AGENT MUST be located in Georgia and MUST be able to execute payment/have check writing authority.			
Company		Contact Person	
Mailing Address	City	State	Zip Code
Phone Number and Ext	E-mail Address		

The undersigned applicant covenants and agrees with the State Board of Workers' Compensation to be bound in all respects by the Georgia Workers' Compensation Act as embodied in title 34 of the Code of Georgia of 1982, as amended.

Signed This _____ Day of _____, 20____.

Type or Print Name	Signature
Phone Number and Ext	E-mail Address

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>
 WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

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This form is filed after receiving approval from the Georgia Office of Insurance and Safety Fire Commissioner Office. It must be accompanied by the **current** Georgia Certificate of Authority.

SECTION A
COPRPORATE OFFICE
(all fields are mandatory in section A)

1. Name of Carrier – (no acronyms)
2. FEIN number
3. Mailing address, city, state, and zip code – this is the address that will be used by the Board for all notifications/legal notices and may be given to the public
4. Contact Person – this is the person the Board will contact if needed
5. Title of Contact Person
6. Toll free phone number and ext – this number will be used by the Board and given to the public
7. Primary e-mail address – this will be used by the Board for all notifications/legal notices and may be given to the public
8. Secondary e-mail address – this e-mail will only receive filing notifications

SECTION B
TPA/SERVICING AGENT
TPA/ Servicing Agent must be licensed or exempt in the State of Georgia

1. Name of TPA/Servicing Agent
2. FEIN # of the TPA/Servicing Agent
3. Mailing address, city, state, and zip code – this is the address that will be used by the Board for all notifications/legal notices and may be given to the public
4. Contact Person – this is the person the Board will contact if needed.
5. Title of Contact Person
6. Toll free telephone number and ext – this number will be used by the Board and given to the public
7. Primary e-mail address – this will be used by the Board for all notifications/legal notices and may be given to the public
8. Secondary e-mail address – this e-mail will only receive filing notifications

SECTION C
GEORGIA AGENT
This section is required when both locations named in sections A and B are out of state

1. Company
2. Contact Person
3. Telephone number and ext
4. Mailing address, city, state and zip code
5. E-mail address
6. Toll free telephone and ext

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