



**FORM INS-02**

**Application for Self-Insurance**

Instructions: In pursuant to A.S.C.A. §32.0530(a)(2), any employer applying for self-Insurance must first acquired authorization of the Workmen's Compensation Commission. To apply for self-insurance, the employer must file this form with the Commission's Office. The employer is required to furnish and provide the following documentations for the Commission's Office to review the employer's financial capacity to pay and maintain compensation coverage on its own, as well as the furnishing of medical services and supplies to injured employees, and the payment of death benefit compensation.

- (1) Copies of certified financial statements for the last three years;
- (2) Current copy of audited financial statements dated within (12) twelve months of this application;
- (3) If a Corporation – provide a copy of resolution by the applicant's Board of Directors authorizing the filing of an application for a certificate of consent to self-insurance and execution of the instrument of undertaking in furnishing security;
- (4) Copy of the excess loss coverage contract showing amount of net retention for any one accident and amount of maximum limit;
- (5) Loss information for the last five years, showing the amount of paid and reserved losses. This should be in the form of a letter from the insurance carrier(s) showing the loss information for each year; and
- (6) Statement showing amount of annual payroll by insurance classification.

1. Name of Applicant (Company; Association; Carrier):		2. Employer Identification Number (EIN):	
3. Type of Business: <input type="checkbox"/> Sole Ownership / Proprietorship   <input type="checkbox"/> Corporation   <input type="checkbox"/> Partnership   <input type="checkbox"/> Others (Specify): _____			
4. Date Business Commenced in American Samoa:		5. Name of Workmen's Compensation Insurance Carrier – if applicable:	
6. Date of Incorporation – if applicable:		7. Incorporated under the laws of what State or Territory – if applicable:	
8. Mailing Address (Applicant's Principal Office):		9. Applicant's Contact Information:	
		Telephone:	
		Email:	
10. Nature of Business and Industry – briefly described the general character of the operations performed and work done. If more than one class of work is conducted, indicate division in payroll of each.			
11. Workplaces and Business Location			Total Employees Employed
12. Enter below net profit or loss after taxes for the last five years:			
Year:			
Amount:			
13. If you are now authorized as a self-insurer under any state workers' compensation program, give amounts of indemnity bonds and securities, and the states in which deposited.		State / Territory	Amount of Indemnity Bond:
			Amount of Securities:

**14. Do you maintain a medical facility for the care of injured employees?**

YES (Describe equipment and service below)

NO (Specify arrangements you made below)

**15. ACCIDENT EXPERIENCE FOR PREVIOUS YEARS**

YEAR	20_____	20_____	20_____
(a) Number of Deaths			
(b) Number of Permanent Total Disability cases			
(c) Number of Permanent Partial Disability cases			
(d) Number of injuries not included in a, b, and c above, causing disability more than three days			

**16. Complete this section only if Applicant is a Subsidiary Company:**

Name of Parent Company:	
Address of Parent Company:	Parent Company's Percentage of Stock Ownership:

**17. Individual Responsible for the Employer's Workmen's Compensation under Self-Insurance:**

16(a). Name of Individual:	16(b). Position / Title:
Address:	Telephone:
	Email:

**18. Who will be overseeing the claim administration and functions (claim adjusting, etc.) during self-insurance?**

An Administrator within the Self-Insurer's own organization

By an outside organization or insurance service organization

17(a). Name of Administrator (if by the self-insurer's own organization)

17(b). Name of the Outside Organization / Insurance Service:

Address:

Telephone:

Email:

19. If this application is granted, which do you elect to deposit under this act?

- Indemnity Bond
- Securities
- Letter of Credit

20. OFFICIALS:

Name of President:

Name of Vice President:

Date of Treasurer:

Name of Secretary:

21. Name of Official Signing this Application:

22. Title of Official Signing this Application:

23. DECLARATION & SIGNATURE:

*I certify that I am an official of the above-named applicant, duly authorized to file this application, that I have carefully examined the foregoing statements, and the facts herein are true.*

(Signature): x \_\_\_\_\_

Date of Application: \_\_\_\_\_