

Formal Request to Submit to DIR For Interim Certificate of Consent to Self Insure

Please sign and return this form to:

Compensation Risk Managers, LLC
112 Delafield Street
Poughkeepsie, New York 12601
Attention California Underwriting Department

Submissions will NOT be made to the Department of Industrial Relations (DIR) unless the following are attached:

- A copy of your CRM Quote
- Form A4-8 (Indemnity Agreement and Power of Attorney) signed and notarized
- Resolution of Joint and Several Liability, signed and notarized
- The non-refundable Submission Fee made payable to **Healthcare Industry Self Insurance Program of California** (\$500 for the first and \$100 for each additional subsidiary with a Federal Tax ID Number)
- A Deposit Check equal to 25% of the estimated annual contribution made payable to: **Healthcare Industry Self Insurance Program of California**

Coverage is not bound unless and until the California Department of Industrial Relations (DIR) grants the interim certificate of consent to join the Self Insured Group. Therefore, do not cancel existing coverage until you have received confirmation that the Interim Certificate of Consent has been granted. Any lapse in coverage between expiration of current coverage and approval to join the Self Insured Group can result in fines for not maintaining statutory workers' compensation insurance. Any member who withdraws from the group self-insured program within the first year will be assessed a penalty of 35% of estimated annual contributions. After the first year, a member must give 60 days notice of cancellation to the Group Administrator in writing or incur a penalty of 15% of unearned contributions.

I, _____ (authorized representative), request CRM to make submission to DIR for _____ (name of potential member)

Requested Effective Date: _____

Name of Self Insured Group: **Healthcare Industry Self Insurance Program of California**

Consultant Signature: _____ Date: _____

Potential Member Signature: _____ Date: _____

CRM Underwriter

Date

