

State of California
Department of Industrial Relations
Office of Self-Insurance Plans
1750 Howe Avenue, Suite 215
Sacramento, Ca. 95825
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State of California
Department of Industrial Relations
OFFICE OF SELF-INSURANCE PLANS

**APPLICATION FOR PERMANENT CERTIFICATE OF CONSENT
TO SELF-INSURE FOR INTERIM SELF-INSURER**

All questions must be answered. If not applicable, enter "N/A".

To the Director of the Department of Industrial Relations: The private employer identified below submits the following information to obtain a Certificate of Consent to Self-Insure the payment of workers' compensation under California Labor Code Section 3700.

DATE: _____ INTERIM CERT. # _____ - _____

MASTER CERTIFICATE HOLDER NAME: _____

AFFILIATE (Legal Name): _____

TYPE OF ENTITY OWNERSHIP: ___ Corporation ___ Partnership ___ Sole Proprietorship

State of Incorporation (if Corporation): _____

Federal Tax Identification Number of Affiliate: _____

Affiliate's annual California payroll during the last, or latest 12 month period:

\$ _____ Period Reported: _____ to _____.

Describe the nature of the business(es) the Affiliate members engage in:

This application is filed by the holder of a master Certificate of Consent to Self-Insure for the issuance of a permanent Certificate of Consent to Self-Insure on behalf of an affiliate/subsidiary entity. It is represented that there is a legal ownership connection between the master and affiliate/subsidiary with the understanding that the master Certificate Holder is guaranteeing and will be ultimately be responsible for all liabilities under the Master and all affiliate/subsidiary Certificates.

X _____ DATE: _____
SIGNED: Employer Authorized Representative

Printed Name

Title

Phone

E-Mail

CHECK LIST FOR A COMPLETE SELF-INSURED SUBSIDIARY/AFFILIATE APPLICATION

The California Code of Regulations, Title 8, Chapter 8, Subchapter 2, Article 2, provides the requirements for submitting a complete Affiliate and Subsidiary Self-Insurer's Application. The following forms and documents are required by this section to be included with the application.

All required information must be submitted with the application form for the issuance of a permanent Certificate of Authority of Consent to Self-Insure and sent to: OSIP, 1750 Howe Avenue, Suite 215, Sacramento, CA 95825

Application Form and Attachments:

- Completed Affiliate application (Form A-3B (1-2016)).
- Certificate of Status in good standing for Affiliate/Subsidiary from Secretary of State.

Resolution:

- Master Certificate Holder's Board resolution (Form A-5 (1-2016)). (NOTE: This form only needs to be submitted once for each Master Certificate Holder).

Assumption and Guarantee:

- Master Certificate Holder's Board Parental Guaranty of Workers' Compensation Liabilities (Form A-4 (1-2016)).(NOTE: This form only needs to be submitted once for each Master Certificate Holder).

Fees:

- No additional fees are required if the \$500.00 application fee was submitted with the application for interim certificate.