

REQUEST FOR INTERIM CERTIFICATE

To: Lyn Asio Booz, Chief
Office of Self Insurance Plans
11050 Olson Drive, Suite 230
Rancho Cordova, CA 95670

Date: _____

Dear Ms. Asio Booz:

Re: Request for Interim Certificate

Please consider this request and attached \$100 for issuance of an Interim Certificate for the following subsidiary or affiliate of our company,

_____,
which holds Certificate of Consent to Self Insure No. : _____

1. Legal Name of Subsidiary/Affiliate: _____

2. State of Incorporation of Subsidiary/Affiliate: _____

3. Federal Tax Identification Number of Subsidiary/Affiliate: _____

4. Requested Effective Date of Interim Certificate: _____

5. Annual California Payroll of Subsidiary during the last 12 months or the latest 12-month period that payroll figures are available:

\$ _____ Period Reported: _____ to _____

If the Interim Certificate above is granted, on behalf of the Master Certificate holder named above, I hereby bind our company to be financially responsible to pay all workers' compensation claim liabilities arising out of the period of time the Interim Certificate is granted.

Please forward the application forms to this office for completion. I am aware the Interim Certificate will remain in effect for 180 days and the application process must be completed within this time period.

Sincerely,

(Signature)

Printed Name: _____

Title: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip + 4: _____

Phone: _____ Fax: _____ E-mail Address: _____