Form: A-3A (1-2016)

State of California
Department of Industrial Relations
Office of Self-Insurance Plans
1750 Howe Avenue, Suite 215
Sacramento Ca. 95825
Phone (916) 464-7000
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State of California
Department of Industrial Relations
OFFICE OF SELF-INSURANCE PLANS

PRIVATE / PUBLIC INTERIM APPLICATION

Issuance of a Private Affiliate ☐ or Subsidiary ☐ interim certificate as identified below:

DATE: _____ CERT. # _____

MASTER CERTIFICATE HOLDER NAME: _____

Applicant (Legal Name): _____

Federal Tax Identification Number of Applicant:_____

Principal California Address: _____

City: _____ State: _____ Zip _____ Phone _____

Requested Effective Date of Interim Certificate: _____

The Interim Certificate will be valid for 180 Days. The Self-Insured Employer agrees to be financially responsible to pay all workers' compensation claim liabilities for the above applicant.

X_____
SIGNED: Employer Authorized Representative

_____
Printed Name & Title

_____
Address

_____
City, State, Zip+4

_____
Phone