**APPLICATION FOR MEMBERSHIP IN A SELF-INSURED FUND**

1. Fund Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Self-Insured Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Self-Insured Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Self-Insured City, State and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Self-Insured Phone Number: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Self-Insured Federal Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. The Self-Insured is a (check one):

□ (A) Corporation: Attach a list of officers and their residential addresses

□ (B) Partnership: Attach a list of officers and their residential addresses

□ (C) Sole Proprietorship: Name and Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ (D) Other: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who is your present workers’ compensation insurance carrier?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the most recent fiscal year, what was your workers’ compensation premium and experience modification for South Carolina?

Premium Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience Modification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List all employment locations in South Carolina (provide an attachment, if necessary)

Locations Number of Employees

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide the following information for workers’ compensation claims information for South Carolina for the past 3 years:

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Number of Claims | Amount Paid | Amount Incurred |
|  |  |  |  |
|  |  |  |  |

1. Describe the nature of your business, including products manufactured, sold or services provided.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide the following information for the current year:

|  |  |  |
| --- | --- | --- |
| Employee Class Codes | Number of Employees | Estimated Payroll |
|  |  |  |
|  |  |  |
|  |  |  |

1. Fill out the included Balance Sheet.
2. Attach a $25 application fee. Make the check payable to the SC Workers’ Compensation Commission

In consideration for the approval of this application, the applicant agrees to fully comply with the terms of the South Carolina Workers’ Compensation Commission Act and Regulations.

If the applicant is approved, it is agreed upon and acknowledged that the applicant, along with the other members of the Fund, will be jointly and severally liable for any liability of the Fund which is incurred during the applicants’ membership.

*I certify and attest under penalty of perjury, under South Carolina laws, that I have thoroughly reviewed the information above and know its contents to be true, accurate and complete*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Print Name & Title Date Signature

\*MAKE CHECKS PAYABLE TO SOUTH CAROLINA WORKERS’ COMPENSATION COMMISSION\*

Complete and Return To:

South Carolina Workers’ Compensation Commission

Director, Self-Insurance

PO Box 1715

Columbia, SC 29202-1715

**Statement of Assets & Liabilities**

**(Balance Sheet)**

**Form Required for Membership Approval**

**Self-Insured Business Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. Current Assets**

Cash on Hand**…………………………………**  $\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash in Bank**…………………………………….** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes Receivable**……………………………..** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_................ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_................ $\_\_\_\_\_\_\_\_\_\_\_\_\_

***Total of Section A*…………………………..** **$\_\_\_\_\_\_\_\_\_\_\_**

**B. Fixed Assets**

Machinery/Tools**……………………………..** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate**…………………………………….…** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Investment**……………………………………...** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_................** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_................** $\_\_\_\_\_\_\_\_\_\_\_\_\_

***Total of Section B*………………………..…$\_\_\_\_\_\_\_\_\_\_\_**

**C. TOTAL ASSETS (A+B)………………………....... $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D. Current Liabilities**

Accounts Payable**……………………………..** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.................**  $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.................** $\_\_\_\_\_\_\_\_\_\_\_\_\_

***Total of Section D*………………………….. $\_\_\_\_\_\_\_\_\_\_\_**

**E. Long Term Debt**

Notes Payable**…………………………………..** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Bonded Indebtedness**………………………** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage Indebtedness**…………………..** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.................** $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.................** $\_\_\_\_\_\_\_\_\_\_\_\_\_

***Total of Section E*…………………….………**  **$\_\_\_\_\_\_\_\_\_\_\_**

**F. TOTAL LIABILITIES (D+E)………………………... $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**G. APPLICANT’S NET WORTH (C-F)…………. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: Applications with negative net worth (line G) will be declined