

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

PERMIT TO WRITE INSURANCE UPDATE

In conformity with Title 34, Section 34-9-131 of the Code of Georgia, it is hereby represented that the undersigned applicant has heretofore been licensed by the Insurance Commissioner of Georgia to write workers' compensation insurance, and has complied with the provisions of the laws of the State of Georgia regulating insurance companies, under the provisions of the Georgia Workers' Compensation Act. Send this form, accompanied by Certificate of Authority, to State Board of Workers' Compensation, 270 Peachtree Street NW, Atlanta, GA 30303-1299.

Pursuant to Code 34-9-131(b)...Upon obtaining said permit, the insurer shall designate and maintain an office in the State of Georgia for the handling of claims or shall designate an agent located in the State of Georgia who shall be authorized to execute instruments for the payment of compensation.

SECTION A. CORPORATE / ADMINISTRATIVE OFFICE (Licensure, Permit, Assessment Contact)			
Name of Carrier (As it appears on permit)		SBWC ID #	FEIN #
Address		City	State Zip Code
Contact Person	Title	Toll Free Phone No.	
Primary E-mail Address for Licensure/Assessment		Secondary E-mail Address for Licensure/Assessment	

SECTION B. CLAIMS HANDLING (Please state where Georgia Workers' Compensation Claims are Handled)			
The above-named insurer / self-insurer / group fund has obtained the services of the following individual, firm, or company, as its servicing agent for the administration of workers' compensation claims			
Name of Servicing Agent / Third Party Administrator			FEIN #
Address		City	State Zip Code
Contact Person	Title	Toll Free Telephone No.	
Primary E-mail Address for Claims Handling		Secondary E-mail Address for Claims Handling	
Number of Adjusters Handling Claims	Number of Locations/Offices Handling GA Claims		
Address of office(s) handling Georgia claims (If you wish to authorize an additional TPA, a Board Form WC-121 (Sections A & D) must be completed for each TPA currently handling GA Workers' Compensation claims on your behalf.)			
Name of TPA/Servicing Agent	Contact Person	E-mail Address	Telephone # (toll-free if out-of-state)
Address		City	State Zip Code

SECTION C. (If Section A and B are locations outside the State of Georgia, Section C must be completed)			
GEORGIA AGENT MUST be located Georgia and MUST be able to execute payment/have check writing authority.			
Company		Contact Person	Telephone Number
Mailing Address		City	State Zip Code
Contact Person	E-mail Address		Telephone Number (toll-free if out-of-State of Georgia)
The undersigned applicant covenants and agrees with the State Board of Workers' Compensation to be bound in all respects by the Georgia Workers' Compensation Act as embodied in title 34 of the Code of Georgia of 1982, as amended.			
Signed This _____ Day of _____, 20____.			
_____ Name of Company and Person Completing this application			
E-mail Address	Telephone Number	Signature of Submitter	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-651-7839 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).