

**STATE OF MAINE  
BUREAU OF INSURANCE  
WORKERS' COMPENSATION INDIVIDUAL SELF-INSURANCE AUTHORITY  
RENEWAL APPLICATION**

Renewal Applicant: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

On separate documents please provide answers to the following requests:

1. Provide Maine employer-applicant name, and mailing address;
2. Provide Maine employer-applicant authorized contact person mailing address, e-mail address, and telephone number;
3. Provide or decline authorization for Maine Bureau of Insurance staff to contact other individuals pursuant to Rule Chapter 250 §II (B)(3);
4. Enclose a check for \$300.00 in payment of the renewal fee;
5. Supply the employer's or guarantor's audited financial statements as defined in Maine Bureau of Insurance Rule Chapter 250 §I D (5) for the most recent year-end, accompanied by the \$100 financial report filing fee;
6. Provide the experience rating calculation for the State of Maine. The intrastate experience modification is preferable;
7. Provide the number of Maine employees and the estimated payroll by workers' compensation NCCI classification code for the prospective year;
8. Provide evidence of reinsurance for the period for which authority is being requested or a request for a waiver with justification. Acceptable evidence of reinsurance includes the actual policy. The self-insurer must use a reinsurer approved to write reinsurance in the State of Maine pursuant to Maine Bureau of Insurance Rule Chapter 730;
9. Provide an actuarial review pursuant to Rule 250 §1 (D) (4). For plans with security other than an actuarially determined trust, an actuarial review will be required if notified by the Superintendent in advance pursuant to 39-A M.R.S. §403 (6)(B);
10. Provide the State of Maine location where the payroll and claims records are maintained;
11. Provide claim information by accident year in a format reasonably similar to following:

|  | Total Incurred Amount | Total Paid Amount | Reserve Amount | Anticipated Subrogation and Reinsurance Recoveries | Net Reserves |
|--|-----------------------|-------------------|----------------|--|--------------|
| Medical Cost   |                       |                   |                |  |              |
| Indemnity Cost   |                       |                   |                |  |              |
| Other Expense  |                       |                   |                |  |              |
| Total  |                       |                   |                |  |              |
| Note: claims older than ten years can be grouped together for reporting purposes |                       |                   |                |  |              |

14. Identify the applicant and obtain the appropriate signature on the declarations section of this application form.

## GENERAL INSTRUCTIONS

Self-insurers must make a **complete** application for renewal of authorization to self-insure workers' compensation benefits in the State of Maine to the Superintendent not less than 21 days prior to the self-insurer's renewal date. The application will not be considered complete until all requested data has been filed pursuant to Maine Bureau of Insurance Rule Chapter 250 §II (C). The certificate of authority issued by the Superintendent of Insurance is a license within the definition of the Administrative Procedures Act, Title 5 M.R.S.A. The statute provides under section 10002, "When a licensee has made timely and sufficient application for renewal of a license, the existing license shall not expire until the application has been finally determined by the agency." A timely and sufficient application is one that is complete.

## DECLARATIONS

The undersigned Maine Employer-Applicant, a legal entity employing people in the State of Maine, subject to the Maine Workers Compensation Act, hereby makes application to obtain authorization to self-insure its obligations under the Act and understands that, once the Maine Employer-Applicant is authorized, it must:

Notify the Superintendent 45 days in advance of the following:

- a. An acquisition of a self-insurer's securities which are entitled to be voted or otherwise carry the ability to influence the conduct of business affairs of the self-insurer, either in a single or a series of transactions, which results in ownership by a single interest equal to or exceeding 20% of such securities; and
- b. The employer or any guarantor changes business form or majority ownership through a spin-off, merger, acquisition, or other reorganization of the company structure.

Notify the Superintendent 30 days in advance of any of the following:

- a. Any change in servicing agents; and
- b. Any proposed change in the approved reinsurance program, including, but not limited to, retention or attachment point, limits of coverage, carrier, policy forms, or endorsements. Notice must also be given to the Maine Self-Insurance Guarantee Association, if the self-insurer is required to be a member.

Notify the Superintendent 10 days after occurrence of the following events:

- a. Sale or transfer of more than 20% of the self-insurer's assets based upon the most recent annual report for the year preceding, such to include divisions, affiliates, subsidiaries, and other business entities. Transactions in the ordinary course of business are exempted from this requirement;
- b. Expanded operations where payrolls and exposures were increased 20% or more when compared to the most recent information used for calculating security;
- c. The self-insurer's bond obligations are down-graded below investment grade as assigned by a national bond rating agency;
- d. Revocation or suspension of self-insurance license or authority in another jurisdiction;
- e. Changes in the names and addresses of the self insurer, guarantor or parent corporation; and
- f. Changes in officers or directors of the self-insurer, guarantor or parent corporation.

The Maine Employer-Applicant represents the information provided in this application is true and accurate.

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Maine Employer-Applicant

by:

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Authorized Corporate Officer

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Printed Name

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Title

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Date

Please attach evidence that the person signing this application has the authority to do so.