

Lab 400

THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
PO Box 2076  
CONCORD, NH 03301

**WORKERS' COMPENSATION SELF-INSURANCE APPLICATION- GROUP**

The undersigned on behalf of a homogenous group of employers intends to pay direct the benefits in manner, amounts, and when due as provided by the Workers' Compensation Law, RSA 281-A, as amended, and all rules and regulations promulgated thereunder, and submits, for the purpose of obtaining authorization, the following information:

Name of Employers' Association or Group

Principal office in NH

Full names and Federal Employers Identification Numbers of Employers in Group:

How long in business in NH (years)

Give location of all employers in NH and their principal functions (Use additional sheets if necessary)

**Balance Sheet Data (Annual Report may be substituted in lieu thereof)**

***ASSETS***

***LIABILITIES***

Cash  
 Accounts Receivable  
 Realty Encumbrances  
 Inventory  
 Real Estate  
 Machinery  
 Furniture and Fixtures  
 Patent rights, Trademarks,  
 Copyrights  
 Goodwill

Accounts Payable  
 Notes Payable  
 Mortgages  
 Bonds  
 Capitol Stock  
 Surplus

**TOTAL**

**TOTAL**

***NEW HAMPSHIRE REALTY***

***LOCATION***

***EQUITY***

(Use additional sheets if necessary)

<b>Classification Of Operation</b>	<b>Code Number</b>	<b>Number of Employees</b>	<b>Last Year's Payroll</b>	<b>Next Year's Estimated Payroll</b>
<b>TOTAL</b>				

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**GUARANTEE PROPOSAL**

	<b>TYPE</b>		<b>AMOUNT</b>
Surety Bond		\$	
Deposit of Cash		\$	
Deposit of Securities		\$	
Excess Insurance Per Loss		\$	
Aggregate Excess Insurance		\$	
Letter of Credit		\$	
	<b>TOTAL</b>	\$	

Amount of risk retention;

Attaching point of excess insurance;

Do you maintain a dispensary or other first aid facility in each establishment?

If so, describe the equipment, personnel and service available;

If not, state what arrangements you have made to provide medical services to injured employees;

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Do you agree without any reservation, to notify this department immediately of any change in financial circumstances, which might impair your ability to satisfy any and all liability, which you may incur as a self-insurer?

Do you agree without any reservation, to comply fully with the said statute and any rule or regulation promulgated thereunder, and to furnish the department readily with needed information?

**I/We the undersigned state that I/We have examined the information contained herein and find it to be true.**

**False Statements on this form may be punished under RSA chapter 641.**

**Signature**

**Date**

**Title**