

Lab 400

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
CONCORD, NH 03301

WORKERS' COMPENSATION SELF-INSURANCE APPLICATION

The undersigned employer 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 Employer

State of incorporation

Principal office in NH

Principal function in NH

Principal office outside NH

Names, titles and addresses of owners, officers or members conducting the business

Contact Name:

Tel:

E-Mail:

How long in business in NH (years)

If employer is a subsidiary, name of parent company;

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

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

<i>ASSETS</i>	<i>LIABILITIES</i>
Cash	Accounts Payable
Accounts Receivable _____	Notes Payable
Realty Encumbrances _____	Mortgages
Inventory _____	Bonds
Real Estate _____	Capitol Stock
Machinery _____	Surplus _____
Furniture and Fixtures _____	
Patent rights, Trademarks, Copyrights	
Goodwill	
 TOTAL	 TOTAL

NEW HAMPSHIRE REALTY

LOCATION

EQUITY

(Use additional sheets if necessary)

Classification Of Operation	Code Number	Number of Employees	Last Year's Payroll	Next Year's Estimated Payroll
TOTAL				

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GUARANTEE PROPOSAL

TYPE	AMOUNT
Surety Bond	\$
Deposit of Cash	\$
Deposit of Securities	\$
Excess Insurance Per Loss	\$
Aggregate Excess Insurance	\$
Parent Company Support	\$
TOTAL	\$

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 with 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