

NOTICE OF CONTRACT

BETWEEN THIRD PARTY ADMINISTRATOR AND SELF-INSURER

ADMINISTRATOR NAME: _____

TRADE NAME(IF USED): _____

ADDRESS: _____

NAME OF
INSURER: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT
TITLE: _____ PHONE _____

CONTACT
ADDRESS: _____

Under the terms of the attached contract, the administrator will be responsible for: (check those which apply)

_____ Solicitation of Coverage	_____ Underwriting
_____ Collection Charges/Premiums	_____ Claims Adjustment
_____ Distribution Ad Materials	_____ General Management Services
_____ Claims Payment	_____ Other (Explain)

Effective Date of Contract: _____

Physical location of books and records maintained by the administrator in regard to this agreement:

Also include the following items:

- A copy of the contract between the administrator and insurer.

- A copy of the notification which will be sent to policyholders informing them of this arrangement.
- Copies of all advertisement and marketing materials to be distributed by the administrator.
- Level of reinsurance provided for the benefit of insured's under this contract, include carrier name.
- Actuarial or estimated annual losses paid for a 3 year period.

Signature of Representative

Signature of Self-Insurer Representative

Printed Name of Administrator Representative

Printed Name of Self-Insurer Representative