

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

1. Applicant name and mailing address and contact name and mailing address; also please provide telephone and fax numbers;

Applicant:

Contact:


2. Renewal date: \_\_\_\_\_ 3. FEIN: \_\_\_\_\_

4. Do you authorize Bureau staff to contact your service company in accordance with Rule Chapter 250 §1(D)(2)  
yes: \_\_\_\_\_ no: \_\_\_\_\_ na: \_\_\_\_\_

**Please attach separate schedules for the requested information referencing the corresponding item number.**

5. Enclose a check for \$300.00 in payment of the renewal fee.
6. Supply the employer's or guarantor's audited financial statements [as defined in Rule 250 §I D (5)] for the most recent year-end, accompanied by the \$100 financial report filing fee. A **guarantor's** audited consolidated financial statement may be accompanied by a **consolidating schedule** as per Title 39-A M.R.S.A. §403 (3), as defined in Rule 250 §I D (8).
7. Provide the intrastate experience rating calculation for the State of Maine. The intrastate experience modification is the only acceptable factor. This may be submitted, on behalf of the self insurer, by a qualified third party.
8. Provide the number of Maine employees and the estimated payroll by workers' compensation classification code for the prospective year. The workers' classification codes are published by NCCI.
9. Furnish 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 or certificate of continuation. The self insurer must use a reinsurer approved to write reinsurance in the State of Maine pursuant to Rule 730.
10. For plans with an actuarially determined trust, provide two copies of an actuarial review prepared according 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 M.R.S.A. §403 (6) (B);
11. Provide a current valuation of each security, which is posted as part of a security deposit with the State Treasurer, if applicable. This does not refer to trust statements that are routinely furnished as part of an actuarially determined fully funded trust. This refers to an actual deposit made with the State Treasurer.
12. Identification of the location in the State of Maine of the complete and accurate payroll and claims records.
13. Provide summary claims history for all years of self-insurance. Include losses by accident year in the following format:

	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.

