



## APPLICATION FOR CERTIFICATION

Missouri law RSMo, 287.123, requires all insurance carriers writing workers' compensation in the state of Missouri to submit a written outline of their comprehensive safety management and engineering program for certification.

Please submit your written outline within 60 days to this office for review.

Mail submittal to: Missouri Workers' Safety Program, P.O. Box 449, Jefferson City, MO 65102-0449.

Undersigned Insurance Carrier hereby requests that the written outline of their comprehensive safety and engineering services available to their insureds be certified.

<b>INSURANCE CARRIER INFORMATION</b>	
NAME OF INSURANCE GROUP (PARENT COMPANY)	NAIC #
MAILING ADDRESS <i>(Street, City, State, Zip, Phone)</i>	PRINCIPLE LOCATION <i>(Street, City, State, Zip, Phone)</i>
SUBSIDIARY	NAIC #
SUBSIDIARY	NAIC #
SUBSIDIARY	NAIC #
SUBSIDIARY	NAIC #
SUBSIDIARY	NAIC #

*List additional subsidiaries, if any, on supplemental page (include NAIC #).*

NAME OF CONTACT PERSON	PHONE
TITLE	NUMBER OF LOSS CONTROL FIELD REPRESENTATIVES

<b>INSURANCE CARRIER ACKNOWLEDGMENT</b>	
The undersigned acknowledges understanding of RSMo, 287.123, the associated rule and that all submitted material is accurate and complete.	
AUTHORIZED SIGNATURE	PRINTED NAME
TITLE	DATE