

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

INDIVIDUAL SELF-INSURANCE APPLICATION CHECKLIST

Name of Applicant	Effective Date Requested
Contact the Division to arrange a meeting to present the following information and documentation.	time of meeting
Documents to be submitted at initial meeting:	
One original, fully-completed and executed Application for Authority to Self-Insure	(WC-81)
☐ A check in the amount of \$250 made payable to the Division of Workers' Compensation	ation
Applicant's Federal Employer Identification Number:	
☐ Individual Self-Insured Employer Information sheet (WC-131)	
Four years audited balance sheets and income statements for applicant or parent company if four years of financial information is not available for the applicant	
Company organization chart showing parent company, subsidiaries and related companies	
Applicant's current NCCI Experience Modifier	
Certificate of insurance for current Missouri workers' compensation coverage with Missouri Division of Workers' Compensation shown as the certificate holder or all states policy if there are no current Missouri employees	
☐ Certificate of Good Standing or equivalent issued by state of incorporation	
☐ Authority to Do Business issued by the Missouri Secretary of State	
Completed Guaranty To Satisfy Compensation Claims (parental guaranty) (WC-82A), if applicable	
☐ Board resolution authorizing execution of guaranty	
☐ Board resolution authorizing non-profit entity to apply for self-insurance, if applicable	ole
Full copy of employee safety program manual. See Missouri Workers' Safety Programplicants for Individual Self-Insurance (WC-130) for details.	am Auditing Procedures for
Applicant's claim procedure manual including accident and occupational disease repartment authorization and settlement authority levels	porting procedure and medical
☐ Third party administrator (TPA) claim procedure manual	
Copy of fully-executed TPA contract. Contact the Division for self-administration re	equirements.
List of employer's approved medical providers and facilities for routine and emerge	ncy care of injured workers
Any other forms and reports pertinent to applicant's claim administration and medic accident/incident reports, investigative reports, treatment authorization forms or rese	•
Three to five years claim history providing the number of claims, the total paid, total claims (total paid + total reserve = total incurred)	l reserve and total incurred
☐ Specific and aggregate excess insurance certificate of insurance or binder	
☐ Statement of Specific and Aggregate Excess Insurance Coverage (WC-121)	
☐ Mesothelioma Liability Election of Self-Insured. Contact the Division for this form.	

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711