



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
**STATEMENT OF SPECIFIC AND AGGREGATE  
 EXCESS INSURANCE COVERAGE**  
 (To Be Filed By Self-Insured)

P.O. Box 58  
 Jefferson City, MO 65102-0058  
 labor.mo.gov/DWC

Name of Approved Self-Insured: \_\_\_\_\_

Other Named Insureds on Policy: \_\_\_\_\_  
 (Please attach separate sheet if necessary)

Address of Self-Insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Insurance Company Issuing Policy: \_\_\_\_\_

Policy No. \_\_\_\_\_

Named State: Missouri

1) Policy period:

From: \_\_\_\_\_  
 To: \_\_\_\_\_

2) Specific retention level:

Each accident: \_\_\_\_\_  
 Each employee for disease: \_\_\_\_\_

3) Specific limit each accident:

Policy Part One, Workers' Compensation: \_\_\_\_\_  
 Policy Part Two, Employers Liability: \_\_\_\_\_

4) Specific limit each employee for disease:

Policy Part One, Workers' Compensation: \_\_\_\_\_  
 Policy Part Two, Employers Liability: \_\_\_\_\_

5) Aggregate excess retention:

Normal premium multiplied by: \_\_\_\_\_  
 Minimum retention: \_\_\_\_\_

6) Aggregate excess limit: \_\_\_\_\_

7) Check here if aggregate excess coverage is not purchased. \_\_\_\_\_

To remain in compliance with *The Rules Governing Self-Insurance* 8 CSR 50-3.010 (3)(B)3 or 8 CSR 50-3.010 (5)(B)2, the insurance company must:

- A. Be AM Best rated A- or better,
- B. Be an admitted carrier by the Missouri Department of Commerce and Insurance, and
- C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

**I swear the above information is true under penalty of perjury.**

Signature \_\_\_\_\_  
 (Representative of self-insured entity or insurance company only)

Date \_\_\_\_\_

**Company Name and Address**

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: [mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR](http://mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR).  
 Missouri Division of Workers' Compensation is an equal opportunity employer/program.  
 Auxiliary aids and services are available upon request to individuals with disabilities.