



# INDUSTRIAL COMMISSION OF ARIZONA WORKERS' COMPENSATION LIABILITY FORM

1. **NAME OF SELF-INSURER:**

2. **SECURITY DEPOSIT CALCULATION**

(Number of Claims, Incurred Liability and Paid amounts must be calculated from the Effective Date of Self-Insurance Authority to the present date):

A	B	C	D	E	F	G	H
<b>Total Amount of Open Claims</b>	<b>Incurred Medical</b>	<b>Paid Medical</b>	<b>Total Medical Owed (B - C = D)</b>	<b>Incurred Comp.</b>	<b>Paid Comp.</b>	<b>Total Comp. Owed (E - F = G)</b>	<b>TOTAL ALL CLAIMS (D + G = H)</b>

**Total Owed from Column H:**

Excess insurance reimbursement amount expected:

Net remaining liability:

Multiply by 125%:

Calculated Security Deposit: (minimum security deposit \$100,000.00)

3. **Name of Excess Insurance Carriers providing reimbursement:** (provide detailed report with carrier name, SIR amount, claimant names, DOI and claim number, reimbursement amount requested)

(List the Policy Year(s) of Reimbursement taken)

*I, \_\_\_\_\_ attest that there is no affiliate relationship between the self-insurer and the excess insurance carrier and to the truthfulness of the above information.*

4. **EMPLOYEE COUNT**

Total Employee Count from prior anniversary date to current (include all full & part time employees that worked regardless of whether or not they are still employed.) Explain decrease on separate cover.

**Self-Insurers Authorized Representative Signature:** \_\_\_\_\_

**Printed Name/Title:**

**DATE:** \

**\* Must be signed by Designated Officer**