



FORM INS-01

Authorization to Provide WC Insurance under the ASWCA in American Samoa

Instructions: In pursuant to A.S.C.A. §32.0531, no insurance carrier or any stock company, mutual company, association, or any person or fund is authorized to transact and provide workmen's compensation insurance or payment of compensation under the American Samoa Workmen's Compensation Insurance Act (ASWCA) in American Samoa unless it acquires the authorization of the Workmen's Compensation Commission. To apply for authorization, this form must be use and file with the Commission's Office. The following documentation must also be enclosed and provided together with the application:

1. Letter signed by a corporate officer requesting authority of the Commission to write coverage under the ASWCA;
2. Copy of the company's Articles of Incorporation;
3. Copy of the company's by-laws;
4. Copy of the Certificate of Authority issued by Office of the Insurance Commissioner to provide workmen's compensation in the Territory;
5. Copy of the Certificate of Authority issued by other state authority (if selling workmen's compensation insurance other than American Samoa)
6. Statutory Annual Statement for the three most recent years;
7. Recent report of the company's NAIC IRIS financial ratios;
8. Recent examination report of the company by the Office of the Insurance Commissioner

1. Name of Applicant (Company; Association; Carrier):		2. EIN:	
3. Mailing Address (Applicant's Principal Office):		4. Applicant's Contact Information: Telephone: _____ Valid Email Address: _____	
5. Has Applicant secured a Certificate of Authorization with the Office of the Insurance Commissioner to provide workmen's compensation in the Territory? <input type="checkbox"/> No <input type="checkbox"/> Yes (please enclosed a copy with this form):		6. Does the Applicant provide workmen's compensation insurance in the United States or other countries other than American Samoa? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify the U.S. State / Country below):	
7. Name of Company President:		8. Name of Company Vice President:	
9. Date of Company Treasurer:		10. Name of Company Secretary:	
11. DECLARATION & SIGNATURE: <i>I hereby certify as an official of the applicant aforementioned herein. I duly authorized to file this application on behalf of the applicant and have carefully examined all the foregoing statements and facts within this form are both factual and true. I also acknowledge and understand of the records and documentations required by the applicant for submission together with this form.</i> (Signature): x _____ (Title): _____ Date of Application: _____			