



## FORM INS-01

### Authorization to Provide WC Insurance under the ASWCA in American Samoa

**Instructions:** 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. In granting such authorization, the Commission may also take into consideration the recommendation or any authority having supervision over carriers or workmen's compensation.

For authorization, this application form must be filed with the Commission's Office. The following documentation must also be enclosed and provided together with the application form:

1. Letter signed by a corporate officer requesting authority of the Commission;
2. Copy of the company's Articles of Incorporation; and
3. Copy of the Certificate of Authority issued by the Office of the Insurance Commissioner to provide workmen's compensation in the Territory;

1. Name of Applicant (Company; Association; Carrier):		2. EIN:	
3. Mailing Address (Applicant's Principal Office):	4. Applicant's Contact Information:		
	Telephone (Office)		
	Office Fax No.		
	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 OFFICERS			
Title:	Name:	Title:	Name:
Title:	Name:	Title:	Name:
Title:	Name:	Title:	Name:
8. Name of Official Signing this Application:		Title of Person Signing this Application:	
9. <b>DECLARATION &amp; SIGNATURE:</b> <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>  <div style="text-align: right;">(Authorized Signature): x _____</div>			
10. DATE OF APPLICATION:			