



**Southern California Trade
Contractors Association Inc.**

22925 Arlington Avenue Suite 1
Torrance, CA 90501
(800) 530-9662 Direct (310) 530-0081 Fax
www.socattrade.com

SAFETY GROUP ENROLLMENT APPLICATION

Full Name of Applicant: _____

Email address: _____

The Applicant is:

€ Corporation

€ Partnership

€ Sole Proprietorship

Legal Mailing Address: _____

Physical Address: _____

Agent Name: _____ **Phone No.:** _____

Agent Code: _____

Policy No.: _____ **Effective Date:** _____

Safety Group Annual Membership \$250

Make check payable to: SO CA Trade Contractors Association Inc.

Visa Mastercard American Express

Account Number _____

Expiration _____

Declaration of Application for Safety Group Membership

The applicant is a member of the Southern California Trade Contractors Association Inc. The applicant agrees to promptly pay all Group Workers' Compensation premium and deposits when billed and due. The applicant understands and agrees that upon failure to pay any outstanding financial obligations due on his account to the Insurer, or to maintain Association membership, the Applicant will immediately cease to be a Group Member. The Applicant gives the Group Secretary power of attorney to obtain and use, in the interests of the Group or the Individual Member, any information held by the Insurer relating to claims, experience rating, loss prevention services or other information which may be the subject of Group research and inquiry.

The Applicant understands that:

Individual Workers' Compensation policies are considered for issuance to Association members in accordance with applicable rules and regulations, as determined by the insurance carrier. The insurance carrier does not intend to declare dividends respecting the subject of Workers' Compensation policies. Active participation in the safety activities of the Group is a requirement for continued membership in the Group.

Acknowledgement of the Declaration: _____ (Applicant)
_____ (Date)