



MARYLAND INSURANCE ADMINISTRATION

APPLICATION FOR INSURER'S CERTIFICATE OF AUTHORITY RENEWAL

Application is hereby made by:

_____ (Full Corporate Name) NAIC # _____

for authority to transact insurance within the State of Maryland until the 30th day of June.

The _____ (Full Corporate Name) hereby affirms that it is an employer not required to provide employee coverage under Maryland Worker's Compensation Law or is in compliance with the Worker's Compensation Laws of Maryland (The Labor and Employment Article Title 9, Annotated Code of Maryland in that:

- It is not required to provide employee coverage under Maryland Worker's Compensation Laws.
- It is in compliance with the provisions of the Labor and Employment Article Title 9 of the Annotated Code of Maryland (attach Certificate issued by the Worker's Compensation Commission).
- It has secured the required Worker's Compensation Employee Coverage under policy number _____ issued by _____ (name of insurer), an Insurance Company authorized to write such insurance in the state of Maryland.

IN WITNESS WHEREOF, the Company has caused the Certificate to be executed by its duly authorized Officer and its Corporate Seal Hereto Affixed.

(Name of Officer)