



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 November.

The _____ (Full Corporate Name) hereby affirms that it is an employer that 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 _____ with an effective date of _____ and an expiration date of _____ issued by _____ (name of insurer), an Insurance Company authorized to write such insurance in the state of Maryland.

Pursuant to §10-401 of the State Government Article, Annotated Code of Maryland, this certificate of compliance with the Maryland Workers' Compensation Act has been executed by the Company's duly authorized Officer.

(Signature of Officer)

(Print Name and Title)