



## **REQUIREMENTS FOR SELF-INSURED WORKERS' COMPENSATION SINGLE EMPLOYER**

(per Tenn. Code Ann § 50-6-405 and Tenn. Comp. R & Reg. Ch. 0781-01-83)

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### **Replacement Certificate of Authority**

In order to replace a new Certificate of Authority ("C of A") to you, please complete and submit request through your [CORE](#) account, online filing system.

**Note:** See next page of detailing an affidavit of lost of misplaced C of A.



**AFFIDAVIT OF LOST OR MISPLACED  
CERTIFICATE OF AUTHORITY FOR SELF-INSURED WORKERS'  
COMPENSATION SINGLE EMPLOYER**

To the Commissioner of Commerce and Insurance:

The Self-Insured Workers' Compensation Section has been notified of the loss of the Certificate of Authority ("C of A") issued by this Department to \_\_\_\_\_  
An Affidavit of Lost or Misplaced C of A must be filed with Department.

Date:

\_\_\_\_\_

Company Name:

\_\_\_\_\_

Company Contact Person:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

- The Affidavit must be completed and signed by a principal officer of the company.
- The Affidavit must bear original (not photocopy) signatures.
- The Affidavit must be notarized.
- Upon completion of this process, the company will be billed a fee for replacing the company's C of A.

The undersigned hereby affirms as follows:

1. I am the

\_\_\_\_\_ of

\_\_\_\_\_, a company licensed in the

State of Tennessee and domiciled in the Domiciliary State.

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Date)



2. A diligent search has been made in the Company's files to locate the original C of A of the Company, as issued by the State. The original C of A could not be located in our files, and therefore is considered to be lost or misplaced. In the event that the original C of A is located, the Company will return the C of A to the Department of Commerce and Insurance in the State.

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(Principal Officer's Name - Print)

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(Principal Officer's Signature)

SWORN AND SUBSCRIBED before me on this,

The \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_

(Notary Seal)