



REQUIREMENTS FOR SELF-INSURED WORKERS' COMPENSATION SINGLE EMPLOYER

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

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.

(Principal Officer's Name - Print)

(Principal Officer's Signature)

SWORN AND SUBSCRIBED before me on this,

The _____ day of _____, 20_____

My commission expires: _____

(Notary Seal)