



REQUIREMENTS FOR SELF-INSURED WORKERS' COMPENSATION SINGLE EMPLOYER

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

Withdrawal Certificate of Authority

To comply with the withdrawal certificate of authority, please complete and submit the following items through your [CORE](#) account, online filing system.

1. A Request Letter, including the termination plan,
2. Return Original Certificate of Authority or Complete Affidavit of Lost or Misplaced Certificate of Authority Form,
3. A copy of the new workers' compensation policy,
4. Final payroll report,
5. Audited Financial Statement,
6. Loss Run Report from inception date to the cancellation date,
7. Open Claim Report from inception date to the cancellation date,
8. Self-Insured Retention ("SIR") Level Report containing only claims that have exceeded SIR level from inception date to cancellation date, and

After the approval of the withdrawal from the Self-Insured Workers' Compensation, the employer is required to file items # 5, 6, 7, and 8 on a yearly basis until all claims are settled.

Please submit all of the above items within 60 days of your request. The review of your request will begin after all items are received within the due date.

Note: See next pages detailing of:

1. An affidavit of Lost Certificate of Authority,
2. Loss Report Requirements with the "withdrawal requirement set",
3. Loss Report Requirement in yearly basis "Inactive SIWC-Fiscal Year End Filing".



**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)



Loss Report Requirements

Withdrawal Certificate of Authority-TN

Employers are required to submit the following types of loss reports: Loss Run Report, Open Claims Report, and Exceeded SIR Level Report. Each loss report's header section under which certain information is required including the: Employer name and the employer's Tennessee qualified self-insured subsidiaries for the period from inception date to cancellation date.

For example: Green Apple, LLC has an inception date of **January 15, 1995**. Green Apple, LLC has notified the withdrawal certificate of authority effective date on **April 15, 2021**. Therefore, Green Apple, LLC's loss reports should include all claims for the period from inception date to the cancellation date, **January 15, 1995 through April 15, 2021**.

1. **Loss Run Report's** header section is below:
Green Apple, LLC. and its Tennessee qualified self-insured subsidiaries
All Claims for the period from **1/15/1995 to 4/15/2021**.
2. **Open Claims Report's** header section is below:
Green Apple, LLC and its Tennessee qualified self-insured subsidiaries
All Open Claims for the period from **1/15/1995 to 4/15/2021**.
3. **Claims that Exceeded Self-Insured Retention ("SIR") Report's** header section is below:
Green Apple, LLC and its Tennessee qualified self-insured subsidiaries
All Claims that Exceeded SIR Report for the period from **1/15/1995 to 4/15/2021**.

Each report should include, at a minimum, the details listed below:

- 1) Column of Name;
- 2) Column of Loss Date;
- 3) Column of Closed Date;
- 4) Column of Total Incurred;
- 5) Column of Total Paid;
- 6) Column of Total Outstanding;
- 7) Column of SIR Level column;
- 8) Column of Nature of Injuries;
- 9) Subtotal Each Year, Based on Fiscal Year End Date; and,
- 10) Grand Total for all years.



Loss Report Requirements

Inactive SIWC-Fiscal Year End Filing Requirements-TN

Employers are required to submit the following types of loss reports: Loss Run Report, Open Claims Report, and Exceeded SIR Level Report. Each loss report's header section under which certain information is required including the employer's name and the employer's Tennessee qualified self-insured subsidiaries for the period from inception date through the cancellation date from TN's self-insured workers' compensation program.

For example: Red Apple, LLC was self-insured between 1/15/1995 and 4/15/2021. Red Apple, LLC has a fiscal year end date of December 31. Therefore, Red Apple, LLC's loss reports evaluation as of 12/31/20xx for all claims for the period between 1/15/1995 through 4/15/2021.

4. **Loss Run Report's** header section is below:
Red Apple, LLC and its Tennessee qualified self-insured subsidiaries
All Claims for the period from 1/15/1995 to 4/15/2021 evaluation date on 12/31/20xx.
5. **Open Claims Report's** header section is below:
Red Apple, LLC and its Tennessee qualified self-insured subsidiaries
All Open Claims for the period from 1/15/1995 to 4/15/2021 evaluation date on 12/31/20xx.
6. **Claims that Exceeded Self-Insured Retention ("SIR") Report's** header section is below:
Red Apple, LLC and its Tennessee qualified self-insured subsidiaries
All Claims that Exceeded SIR Report for the period from 1/15/1995 to 4/15/2021 evaluation date on 12/31/20xx.

Each report should include, at a minimum, the details listed below:

1. Column of Name;
2. Column of Loss Date;
3. Column of Closed Date;
4. Column of Total Incurred;
5. Column of Total Paid;
6. Column of Total Outstanding;
7. Column of SIR Level column;
8. Column of Nature of Injuries;
9. Subtotal Each Year, Based on Fiscal Year End Date; and,
10. Grand Total for all years.

