



Instructions

- Complete this application.
- Attach each of the requested items to the application.
- If you were approved as a BWC-certified sponsor in 2009 or later, and you are applying for recertification, you only need to provide the information designated with a "*" during the recertification process.
- Send form to: Employer Programs, 22nd Floor, Ohio Bureau of Workers' Compensation, 30 W. Spring St., Columbus, OH 43215-2256.

General Information			
Legal business name*		Policy number*	
Address*	City*	State*	ZIP code*
Contact person*	Phone*		
E-mail*	Fax*		
Total number of members*	Total number of members in group*		
Total number of members not in group*	Are you required to file an IRS 990 form?*		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of third-party administrator (if applicable)*
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<p>Please use the check list below to ensure you include the items with the certification application.</p> <p><input type="checkbox"/> Signed sponsor certification application form*</p> <p><input type="checkbox"/> Proof of active workers compensation coverage (BWC Certificate)</p> <p><input type="checkbox"/> Articles of incorporation</p> <p><input type="checkbox"/> Certification safety agreement for sponsors and affiliate sponsors*</p> <p><input type="checkbox"/> Mission statement</p> <p><input type="checkbox"/> Marketing material (this includes a description of services related to group as well as other services, brochures, Web information, newsletters and other material that allows BWC to better understand the focus of the organization).</p> <p><input type="checkbox"/> Signed <i>Sponsor Certification Application</i> (U-149) and all certification components listed in the U-149 for each sponsoring affiliate. (An affiliated organization is an organization in which members are brokered, borrowed, shared, or co-opted for inclusion in the certified sponsoring organization's group.)*</p>
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In signing below, I hereby certify my organization is applying to become a BWC-certified sponsor for the Group-Retro and/or Group-Rating Program. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false or misleading statement(s) made in conjunction with this application.	
Name	Title
Signature X	Date