

# VADA GROUP SELF INSURANCE ASSOCIATION

## Information Needed for New Workers' Comp Member

(Please print or type all information)

Fax (804) 354-0767 or mail to - VADAGSIA, PO Box 5407 Richmond, VA 23220

If this coverage will be for more than one location, please complete a sheet for each location.

Dealership: \_\_\_\_\_

Dealership Complete Address: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ DMV# \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Current Experience Mod: \_\_\_\_\_

What are your current Employers' Liability Limits – A, B. or C? \_\_\_\_\_

A. \$100,000, \$500,000, \$100,000

B. \$500,000, \$500,000, \$500,000

C. \$1,000,000, \$1,000,000, \$1,000,000

<u>Class Codes</u>	<u>Description</u>	<u>Payroll Estimates (12 months)</u> (Subject to policy year audit adjustments)
8380	Service & Parts	_____
8393	Body Shop	_____
8748	Salesperson	_____
8810	Office personnel	_____

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Do you own, charter, or lease private aircraft? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a Drug Free Workplace? \_\_\_\_\_ Yes \_\_\_\_\_ No

In order to receive the 5% credit, your dealership must comply with the following:

- ❖ Perform all pre-employment drug screening on all new hires.
- ❖ Require post-accident testing of all claimants requesting workers compensation benefits.
- ❖ Provision to test for reasonable suspicion.
- ❖ Submit copy of substance abuse policy

Information Provided By: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name & Title

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, please contact Michael Allen at 804.545.3012, or via email at [mallen@vada.com](mailto:mallen@vada.com).

*The state of Virginia requires all members to have a positive financial net worth.  
All applicants are subject to approval of the VADA GSIA Members' Supervisory Board.*