



Enrollment Application (Group 75)

Insurance Solutions for the Retail Industry

A Workers Compensation Safety group exclusively for Farmers Retail Businesses

www.california-retailers.com

1. Company Name / DBA _____

Contact Person / Title _____

Phone Number (_____) _____ FAX Number (_____) _____

2. *E-Mail _____

Please note that all AAGR communication comes via e-mail – so we must have your e-mail address.

3. Web Site: _____

4. The Applicant is: Corporation Partnership Sole Proprietorship Other

5. Business Description: _____

7. Number of store locations: 1 2 3 4 5+

8. Location 1 Address:

_____ CA _____
Street City State Zip

9. Location 2 Address:

_____ CA _____
Street City State Zip

10. Location 3 Address:

_____ CA _____
Street City State Zip

11. Location 4 Address:

_____ CA _____
Street City State Zip

12. Location 5 Address:

_____ CA _____
Street City State Zip

(If you have more than 5 locations, please list addresses on the back of this page)

13. Membership Type: Farmers Workers Comp Other



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Payment Information:

\$50 Membership for one location

of additional locations _____ X \$50 = _____ Total Payment: \$ _____

Pay by Credit Card: Visa MasterCard American Express Discover

Card No.: _____ Exp. Date: _____ CVV2#: _____

Billing Address:

_____ CA _____
Street City State Zip

Declaration of Applicant For Group Membership

The applicant is a member of the Association of All Great Retailers. The Applicant agrees to promptly pay all Group Workers' Compensation premium and deposits when billed and due. The applicant understands and agrees that upon failure to pay any outstanding financial obligations due on his account to the insurer, or to maintain Association membership, the Applicant will immediately cease to be a Group Member. The applicant gives the Group Secretary power of attorney to obtain and use, in the interests or the Group of the individual Member, any information held by the insurer relating to claims, experience rating, loss prevention services or other information which may be the subject of Group research and inquiry. The applicant constitutes and appoints the Board of Directors (or the Secretary of the Association if the Directors are not present) as the Member's proxy to attend all meetings of the Members of the Association, with full power to vote as proxy for the Member and act in the Member's name and place, in the same manner, to the same extent and with the same effect that the Member might have if personally present. This grant of a proxy shall continue in force indefinitely unless revoked in writing. Each Member at any time may decline to grant said proxy or revoke said proxy by written notice to the Secretary

Acknowledgment of the Declaration _____

Applicant Signature

Date

Agent Name: _____ Agent Number _____

Policy Number: _____ Effective Date _____ Estimated Premium _____

Number of Locations _____ Dues Collected _____ Check Number _____

2134 Main St. #280, Huntington Beach, CA 92648

Phone: 800-488-3692 / FAX: 714-374-3288