

AUTOMOTIVE SAFETY ASSOCIATION

24661 Del Prado, Suite 3, Dana Point, CA 92629

Phone (949) 487-9696 / Fax (949) 487-9626

Policy Number		Eligible Class Codes: 8388 / 8389 / 8393	
Policy Effective Date			
Annual Premium		Please enter current WC Class Code →	
Agent Number			
Agent Name			

Applicants Name: _____

DBA: _____

Mailing Address: _____

Physical Address: _____
(If Different)

Type of Business: Corporation _____ Partnership _____ Individual _____

Contact Name: _____

E-Mail Address: _____

***Annual Automotive Safety Association Membership Dues are \$100.00.
Please Make Checks Payable to: Automotive Safety Association
Mail application and payment to address listed at the top of application***

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Declaration of Applicant for Group Membership

The applicant wishes to join the Automotive Safety Association. Membership in this association provides a 5% Safety Group Discount on your Farmers Insurance Workers' Compensation Insurance premiums. The applicant has a written workplace safety program which includes quarterly safety meetings.

The applicant agrees to promptly pay all group Workers' Compensation Insurance premiums and deposits when billed and due. The applicant understands and agrees that upon failure to pay any outstanding membership dues, the applicant will cease to be a group member. The applicant gives the group secretary power of attorney to obtain and use, in the interest of the group rating, loss prevention services or other information that may be the subject of research and inquiry.

I hereby acknowledge the above declaration.

Applicant or Agent of Record Signature

Date

Name (Printed)

Title