Notary Attestation

I Agnes Beltran Goodwine, City Clerk of/for

City of Peoria,

do hereby attest the attached Request for Waiver from Requirement to Post Statutory Deposit form signatures, duly approving the request for a waiver from requirement to post a statutory deposit, were signed in perpetuity, are original signatures, or a certified copy thereof.

State of Arizona)
) ss
County of _____)

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official seal of

_____, a notary public, to be affixed hereunto

this _____ day of _____, _____.

Affix Seal or Stamp

_____
Notary Public

_____
Signer's Email Address

(Notary - complete this section to sign if form is filed electronically)

IN WITNESS WHEREOF, the foregoing Request for Waiver From Requirement to Post a Security Deposit was acknowledged before me, a notary public, to be affixed hereunto by means of communication technology this _____ day of _____, _____

Affix Seal or Stamp

_____
Notary Public

_____
Signer's Email Address

Request for Waiver from Requirement to Post Statutory Deposit Pursuant to A.A.C. § 1525 (A)

The City of Peoria,

1) is a duly qualified, eligible, and authorized Arizona self-insurer pursuant to Arizona Revised Statute § 23-961 et. seq., and the Arizona Administrative Code, and, as such, hereby requests the Industrial Commission of Arizona approve a waiver from the posting of a statutory deposit, pursuant to A.A.C. § R20-5-1525 (A).

2) is a public entity or public entity pool that has operated in Arizona for a minimum of five consecutive years pursuant to A.A.C § 1525 (B)(1).

3) is a public entity or public entity pool with an established trust document (attached), and a trust fund pursuant to A.R.S. § 11-981, or a public entity pool that has an established a workers' compensation pool loss account pursuant to A.A.C. § R20-5-1530 (B).

4) maintains a positive fund/account balance pursuant to A.A.C. § 1525 (B)(2), that is continually funded in accordance with GASB #30 (or a successor statement) cover actuarial liabilities pursuant to A.A.C § 1525 (B)(3).

5) completes an actuary report on an annual basis with a confidence level of 55%, and a discount percent of 2%.

6) shall file current quarter financial statements and a statement of unpaid liabilities with the Division every six months, beginning six months after a waiver is granted pursuant to A.A.C. § R20-5-1525 (E).

7) will cure an account or fund deficiency immediately upon discovery.

8) shall cure an account or fund deficiency within 30 days of being notified by the Division.

9) shall file a completed Workers' Compensation Liability Form, and post security as required by the Commission within 10 days of service of a written findings and order revoking the waiver of security pursuant to A.A.C. § R20-5-1525 (G).

10) understands the decision of the Commission to approve, deny, or revoke a request for waiver of security shall be made by a majority vote of a quorum of Commissioners present at a public meeting; if the Commission grants a waiver of security, the waiver shall be included in the Resolution of Authorization issued under R20-5-1509 (F) and shall continue unless the public entity or public entity pool named in this document no longer satisfies the requirements of A.A.C § 1525.

11) shall file a completed Workers' Compensation Liability Form, and post security pursuant to A.R.S. § 23-961, A.A.C. § 1520, and/or 1509 (C) if the requirements of A.A.C § 1525 are not satisfied.

The signature(s) below represent

The City of Peoria
_____,

and as such, certifies and attests that the information contained in this Request for Waiver From Posting Security Form is accurate and correct.

If the signature responsibility is delegated to one public employee position or designated officer, attach the code or ordinance section (Public Entity), or bylaws, resolution or incorporating documents (Public Entity Pool).

Name: _____

Signed: _____ Date_____

Name: _____

Signed: _____ Date_____

Name: _____

Signed: _____ Date_____

Name: _____

Signed: _____ Date_____

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Signed: _____ Date_____