

Conversion Request Form

CALIFORNIA BUILDING INDUSTRY ASSOCIATION GROUP #041 - Builders

Name of Business: _____

Address: _____

City, State, Zip Code: _____

To Whom It May Concern:

State Compensation Insurance Fund is currently providing coverage for our workers' compensation insurance.

Individual Policy Number: _____

Expiration Date: _____

Please consider this document as authorization to transfer my individual policy into the California Building Industry Association group policy with State Fund. I am currently a member or will become a member of the California Building Industry Association (CBIA).

Principal Owner's Signature _____

Date _____

FOR BROKERED ACCOUNTS ONLY

Broker signature is required (if brokered) to request conversion review.

(Broker Signature)

RETURN COMPLETED FORM TO (916) 263-5323