



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
**STATEMENT OF SPECIFIC AND AGGREGATE
EXCESS INSURANCE COVERAGE**
(To Be Filed By Self-Insured)

P.O. Box 58
Jefferson City, MO 65102-0058
labor.mo.gov/DWC

Name of Approved Self-Insured: _____

Other Named Insureds on Policy: _____
(Please attach separate sheet if necessary)

Address of Self-Insured: _____

Insurance Company Issuing Policy: _____

Policy No. _____

Named State: Missouri

1) Policy period:

From: _____

To: _____

2) Specific retention level:

Each accident: _____

Each employee for disease: _____

3) Specific limit each accident:

Policy Part One, Workers' Compensation: _____

Policy Part Two, Employers Liability: _____

4) Specific limit each employee for disease:

Policy Part One, Workers' Compensation: _____

Policy Part Two, Employers Liability: _____

5) Aggregate excess retention:

Normal premium multiplied by: _____

Minimum retention: _____

6) Aggregate excess limit: _____

7) Check here if aggregate excess coverage is not purchased. _____

To remain in compliance with *The Rules Governing Self-Insurance* 8 CSR 50-3.010 (3)(B)3 or 8 CSR 50-3.010 (5)(B)2, the insurance company must:

A. Be AM Best rated A- or better,

B. Be an admitted carrier by the Missouri Department of Commerce and Insurance, and

C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

I swear the above information is true under penalty of perjury.

Signature _____
(Representative of self-insured entity or insurance company only)

Date _____

Company Name and Address _____

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR.

Missouri Division of Workers' Compensation is an equal opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.

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