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ENROLLMENT APPLICATION SENTINEL RESTAURANT ASSOCIATION SAFETY GROUP

1. Full Name of Applicant: _____

D.B.A. _____ Business Email _____

2. The Applicant is: A Corporation A Partnership A Sole Proprietorship

3. Mailing Address:

_____ NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

4. Location of Restaurant(s): loc. 1. _____

loc. 2. _____

loc. 3. _____

6. Agent Name: _____ Agent # _____ 6. Agent E-Mail _____

7. Policy No: _____ Effective Date: _____

****Safety Group annual membership dues are \$50.00. Make check payable to Sentinel Restaurant Association.****

DECLARATION OF APPLICATION FOR SAFETY GROUP MEMBERSHIP

The Applicant is a member of the Sentinel Restaurant Association. The Applicant agrees to promptly pay all Group Worker's Compensation premiums 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, 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 understands that:

- 1. Individual Worker's Compensation policies are considered for issuance to Association members in accordance with applicable rules and regulations, as determined by the insurance carrier.**
- 2. The insurance carrier does not intend to declare dividends respecting the subject Worker's Compensation policies.**
- 3. Active participation in the safety activities of the Group is requirement for continued membership in the Group.**

Dates and amounts of distribution may vary according to the policies of the Insurer or Trustees

Acknowledgement of the Declaration: _____ (Applicant)

_____ (Date)

IS CHECK FOR MEMBERSHIP ATTACHED?