

POLICY CONVERSION REQUEST

Once completed, please send this form to:

Carol Glover, Group Service Representative
State Compensation Insurance Fund
2300 River Plaza Drive, Suite 150, Sacramento, CA 95833-2293
Phone: 916-263-7385 Fax: 916-263-5323

Company Name: _____

The State Compensation Insurance Fund is currently providing workers' compensation coverage for my business under policy number # _____.

This is to certify that my business is a member in good standing of the **California Society of Professional Engineers** (State Fund Group 92)

Please review my policy loss history and if I meet **CSPE's** underwriting guidelines, convert my policy into the group underwritten for the above association.

I understand that membership in **CSPE** is a condition of participation and that conversion may occur on my policy anniversary date or the anniversary date of the group. This conversion may have an effect on the potential dividend and experience modification if applicable.

Signature of Owner,
Partner/Officer

Date