

**Re HB 2112: Form to certify status as an industrial insured.**

To:

\_\_\_\_\_  
(Complete Name of Insurer)

I, \_\_\_\_\_ (your name) certify that:

1. I am \_\_\_\_\_ (owner or an officer) of \_\_\_\_\_ (name of industrial insured as it will appear on the insurance policy to be issued by the above-named insurer).

2. I have read and understand ARS § 20-401.07(C)(1) set forth below;

“Industrial insured” means an insured whose home state is Arizona, that applies for or procures any insurance that is subject to article 4.1 of this chapter through the use of a qualified risk manager; that has aggregate annual gross premiums for insurance on all property and casualty risks that are subject to article 4.1 of this chapter totaling at least one hundred thousand dollars as of the insured’s preceding fiscal year end and that meets one of the following criteria:

- \_\_\_ (a) Possesses a net worth of over twenty million dollars as of the preceding fiscal year end of the industrial insured as verified by a certified public accountant.
- \_\_\_ (b) Has net revenues or sales exceeding fifty million dollars as of the preceding fiscal year end of the industrial insured as verified by a certified public accountant.
- \_\_\_ (c) Has more than five hundred full-time employees or equivalent per individual company or is a member of an affiliated group employing more than one thousand employees in the aggregate.
- \_\_\_ (d) Is a municipality with a population of more than fifty thousand persons.
- \_\_\_ (e) Is a nonprofit organization or public entity generating annual budgeted expenditures of at least thirty million dollars.

3. \_\_\_\_\_ (name of industrial insured) is an industrial insured pursuant to ARS § 20-401.07 and meets the statutory criteria checked above (check all that apply in number two).

**CERTIFICATION**

STATE OF: \_\_\_\_\_ )  
COUNTY OF: \_\_\_\_\_ )

Being first duly sworn, \_\_\_\_\_ deposes and says that he/she has read the foregoing, and each statement and answer made, and under penalty of perjury, swears that all such answers are true and correct.

\_\_\_\_\_  
Full **Signature** of Officer or Owner  
(Include **FULL** first, middle and last names)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)