



Conversion Request Form

California Manufacturers & Technology Association Group Policy

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

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

Individual Policy Number: _____

Expiration date: _____

PLEASE PROVIDE A QUOTE BEFORE
BINDING ME INTO THE CMTA GROUP

Please consider this document as authorization to transfer my individual policy into the California Manufacturers & Technology Association group policy with the State Fund. I am currently a member or will become a member of the California Manufacturers & Technology Association.

Owners'/Officer's/Broker's signature: _____

Date: _____

FAX COMPLETED FORM TO CMTA AT 916-441-5449