



www.flagstaffchamber.com | 928.774.4505

101 W. Route 66
Flagstaff, AZ 86001

Dear Valued Member :

As you may already know, the Greater Flagstaff Chamber of Commerce (GFCC) formerly ran a member only Association Safety Program that provided valuable safety resources at no cost for members, customized training and offered a financial benefit in the form of discounted workers' compensation coverage. As of July 2017, we have been in search of a new solution after it was cancelled.

At GFCC, we are committed to delivering value to our members. We always look for ways to save you money. We believe being engaged in workplace safety deserves discounts on workers' compensation insurance. We are proud to announce that we have partnered with the Arizona Risk Management & Safety Association (ARMSA) to provide a new and improved discounted workers' compensation program to each of your businesses.

Benefits of the GFCC Discounted Workers' Compensation Program Include:

- Carrier Schedule Credit: Discounts up to 25% off the standard workers' compensation rates in Arizona.
- GFCC Membership Credit: Members receive an additional 10% discount on their policy premium just for being an GFCC member.
- Drug Free Workplace Credit: Qualifying GFCC members will receive an additional 5% off their premium for adhering to the state of Arizona Drug Free Workplace Program.
- Free membership with ARMSA for GFCC workers' compensation program policy holders.

To take advantage of this program we enclosed two release forms that will allow our expert partners at ARMSA to provide you a no obligation quote on your workers' compensation insurance. Signing these forms will have no impact to your current policy and we have streamlined the process so that we will be able to gather all the necessary information to provide you a quote with the data we are able to obtain using the release forms. You may be able to put \$1,000's in savings back in your pocket with two quick signatures and a quote from the GFCC workers' compensation program.

Upon completion, please fax or email on company letterhead to the program director, Carly Baez at carly@armsa.org or to (480) 838-8002.

Should you have any questions please contact me directly at (520) 548-9692.

Sincerely,

Benjamin Garland

President, Sunbelt Insurance Holdings

8501 North Scottsdale Road, Suite 200

Scottsdale, AZ 85253

bgarland@sunbeltinsholdings.com

www.armsa.org

[Enclosure]

**All pricing offerings are subject to state rate filing and underwriting approval. Rates are not guaranteed prior to securing a formal quote proposal.*

Company Name: _____

Company Address: _____

City, State Zip Code: _____

Phone: _____

Date: _____

Re: Loss Run Request

Insured: _____

FEIN # (Tax ID): _____

Carrier: _____

Policy Number: _____

Sir or Ma'am,

This letter hereby authorizes you to release our company's currently valued loss history to the agent listed below at Capital West Insurance LLC DBA Sunbelt Insurance Holdings. Please email/forward loss runs for all years covered by your company and all lines of coverage to:

Agent: Benjamin Garland
8501 N. Scottsdale Road Suite 200
Scottsdale AZ 85253
Email: bgarland@sunbeltinsholdings.com

Your prompt attention on this matter is greatly appreciated. If you have any questions, please feel free to contact me.

Sincerely,

Authorized Representative

Print Name

Title

Company Name: _____

Company Address: _____

City, State Zip Code: _____

Phone: _____

Date: _____

Capital West Insurance LLC
DBA Sunbelt Insurance Holdings
8501 N. Scottsdale Road Suite 200
Scottsdale AZ 85253

Re: NCCI experience rating & e-mod worksheet release

Sir or Ma'am,

This letter hereby authorizes Capital West Insurance, LLC dba Sunbelt Insurance Holdings to access our company's workers compensation policy information held by the National Council on Compensation Insurance, Inc. (NCCI). This includes, but is not limited to: Modification factors, E-mod worksheets, & our risk snapshot. Additionally, this letter hereby authorizes Capital West Insurance, LLC to act on our behalf with the NCCI; this includes, but is not limited to: requesting audits, e-mod adjustments, ERM-14 submissions, etc...

We hereby request that the NCCI release all requested information requested by Capital West Insurance in a timely manner.

Sincerely,

Authorized Representative

Print Name

Title