



**Property and Casualty Section  
Arizona Department of Insurance**

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**Arizona Industrial Insured Certification**

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

I, \_\_\_\_\_ (your name and title)

certify that \_\_\_\_\_  
(name of company as it will appear on the insurance policy) qualifies as an Industrial Insured under the provisions of Arizona Revised Statutes (“ARS”) § 20-401.07(C)(1).

“Industrial insured” means an insured (1) whose home state is Arizona; (2) that applies for or procures any insurance that is subject to Title 20, Chapter 2, Article 4.1 (see ARS § 20-382) through the use of a qualified risk manager; (3) that has aggregate annual gross premiums for insurance on all property and casualty risks that are subject to Title 20, Chapter 2, Article 4.1 totaling at least one hundred thousand dollars as of the insured’s preceding fiscal year end; and that meets one of the following criteria:  
(Check all that apply)

- Possesses a net worth of over twenty-two million forty thousand dollars as of the preceding fiscal year end as verified by a certified public accountant.
- Has net revenues or sales exceeding fifty million dollars as of the preceding fiscal year as verified by a certified public accountant.
- 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.
- Is a municipality with a population of more than fifty thousand persons.
- Is a nonprofit organization or public entity generating annual budgeted expenditures of at least thirty-three million sixty thousand dollars.

**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)