

**SAHBA Now Offers Discounted Premiums on
Workers Compensation Plans.
Get a quote today.**



Southern Arizona Home Builders Association
2840 N. Country Club Rd., Tucson, AZ 85716
520.795.5114 | www.sahba.org

Dear Valued SAHBA Member:

SAHBA has been exploring new programs to offer additional value to our members. We are proud to announce that SAHBA has partnered with the **Arizona Risk Management & Safety Association (ARMSA)** to offer discounted Workers Compensation insurance plans. We estimate our safety-conscious members will qualify for *significant* savings. Your policy will benefit SAHBA, too. This revenue-share program generates additional income for SAHBA to invest back into membership services. A great win-win!

You can save 3 ways on policy premiums:



1. **Up to 25% off standard workers' compensation rates in Arizona**
2. **An additional 10% off just for being a SAHBA member** in good standing
3. If your workplace qualifies for the **State of Arizona's Drug-Free Workplace Credit**, get an **additional 5% off**

Plus, free ARMSA membership is included for SAHBA workers' compensation program policy holders. ARMSA can provide free safety awareness trainings, provide discounted OSHA 10-hour classes, discounted on-demand consultation services and more.

To take advantage of this program we have enclosed two release forms that will allow our expert partners at ARMSA to provide a **no obligation quote** on your workers' compensation insurance. Signing these forms will have no impact on your current policy. Our streamlined the process will enable us to gather all the necessary information to provide a quote. Upon completion, please email on company letterhead to the program director, Carly Baez at carly@armsa.org or fax to (480) 838-8002.

Larry Hume, our 2017 Board chair, saved \$1295 on his quote! **How much will YOU save?** Turn in those two forms with two quick signatures and get a quote from the SAHBA workers' compensation program today.

Should you have questions, please contact Ben Garland directly at (520) 548-9692.

Sincerely,

David Godlewski
President, SAHBA
david@sahba.org

Brent Davis
Chair, 2018 Board of Directors
DR Horton

Benjamin Garland
Director, ARMSA
8501 North Scottsdale Road, Suite 200
Scottsdale, AZ 85253
bgarland@sunbeltinsholdings.com
www.armsa.org

Enc.

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: _____

NOTE: These forms need to be printed on company letterhead and signed by a company officer. Please email or fax to Carly Baez at carly@armsa.org or 480-838-8002.

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: _____

NOTE: These forms need to be printed on company letterhead and signed by a company officer. Please email or fax to Carly Baez at carly@armsa.org or 480-838-8002.

FOR SAHBA'S WORKERS COMPENSATION PLAN, powered by ARMSA

