



8789 Auburn Folsom Road, Suite C-327, Granite Bay, CA 95746
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Membership Application
Safety Groups 713-720

Today's Date: ___/___/___

State Fund Policy #: _____

Policy Inception Date: ___/___/___

Business Name: _____

Owner's Name: _____

Business Street and Mailing Address: _____

Contractor License #: _____

Business Telephone #: (____) _____ - _____

Name of Your Insurance Broker: _____
(if applicable)

Address: _____

Telephone #: (____) _____ - _____

Please mail your application and \$50 annual membership dues check to:

GSBE
Membership Services Processing Center
2114 – 28th Street
Sacramento, CA 95818-1910

To ensure you receive your group discount on your State Fund policy, your GSBE dues are payable within 60 days from the start of your workers' compensation insurance with State Fund.