

- Employer Application**
- Employee Application**
- First Month's Premium (including \$15 monthly administration fee)**
  - If paying by check, make check payable to Pathian Administrators.
  - If paying by ACH, complete Section 4 of the Employer application and provide a copy of a voided check.
- For Dental Only:**
  - Provide proof of prior dental coverage.

### Three Ways to Submit:

- Mail to:**

Warner Pacific Insurance Services  
Attn: Inshore New Business  
32110 Agoura Road  
Westlake Village, CA 91361-4026
- Fax to:**

(818) 484-2975
- Email to:**

CANewBusiness@warnerpacific.com

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**Once the new policy has been approved, it is the employer's responsibility to cancel any prior coverage per the carrier's cancellation policy in order to avoid being responsible for additional premium.**