



**Safety Video Lending Library  
Order Form**  
**Please print this form and fill in your requests.**  
**Fax it to ACIC at 916-489-3280**

Please send the following video(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

Contact person: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
State Compensation Insurance Fund Policy # \_\_\_\_\_

**Please send check in the amount of \$100.00 for security deposit payable to:**

**ACIC  
2398 Fair Oaks Blvd Suite #1A  
Sacramento, California 95825**

**Applicant Statement of Approval:**

**I request ACIC to process a security deposit in the amount of \$100.00 by check. This amount will be refunded once the video has been returned. Videos are due back within 30 days.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**