

Worker's Compensation Application

(All questions must be answered or indicate N/A)

Legal name of Applicant: _____ Phone: _____

DBA: _____ Fax: _____

Contact person: _____ E-Mail: _____ Effective Date: _____

Mailing address: _____

Physical address: _____

Legal entity: Individual Partnership Corporation Other (Describe): _____

Taxpayer ID number (FEIN): _____ State ID (if applicable): _____

Year Business Started: _____

Experience Modification Factor (Experience Mod): _____ Effective date of Mod: _____

of OSHA violations past 3 years: _____ Max. # of employees per shift at any one job site: _____

Do you have other locations: Yes No If yes, Please list below:

Location: _____

Location: _____

Please list all officers or partners, active or not. Include all data for each officer or partner:

(Include a separate sheet if needed)

| NAME | TITLE | BIRTH DATE | % OWN | DUTIES | PAYROLL | INCL/EXCL |
|------|-------|------------|-------|--------|---------|-----------|
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |

Please provide payroll figures for all other employees:

| Class code <small>(Please see current policy for correct class codes)</small> | # Employees | | Annual payroll |
|--|-------------|-----------|----------------|
| | Full time | Part Time | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Prior carrier information/loss history: Provide information for the past 3 years.

| Year | Carrier & policy information | Premium | Mod | # Claims | Amount paid | Reserve |
|------|------------------------------|---------|-----|----------|-------------|---------|
| | Co: _____ | \$ | | | \$ | \$ |
| | Pol #: _____ | | | | | |
| | Co: _____ | \$ | | | \$ | \$ |
| | Pol #: _____ | | | | | |
| | Co: _____ | \$ | | | \$ | \$ |
| | Pol #: _____ | | | | | |

General information: Explain all "YES" responses

| | Yes | No | | Yes | No |
|--|-----|----|--|-----|----|
| Own, operate or lease aircraft/watercraft | | | Any operation involve(d) hazardous materials | | |
| Work done underground or above 15 feet | | | Any work on barges, vessels, docks, bridges over water | | |
| Is applicant engaged in any other business | | | Are sub-contractors used | | |
| Is work sublet without certificates of insurance | | | Is a written safety program in operation | | |

| | | | | | |
|---------------------------------------|--|--|---|--|--|
| Any group transportation provided | | | Any employees under 16 or over 60 years old | | |
| Any seasonal employees | | | Is there any volunteer or donated labor | | |
| Any employees with physical handicaps | | | Do employees travel out of state | | |
| Are athletic teams sponsored | | | Are physicals required after employment offers made | | |

General information continued: Explain all "YES" responses

| | Yes | No | | Yes | No |
|--|-----|----|--|-----|----|
| Any other insurance with this carrier | | | Prior coverage declined, cancelled, non-renewed (3years) | | |
| Are employee health plans provided | | | Labor interchange with any other business/subsidiary | | |
| Are employees leased to/from other employers | | | Any employees predominantly work at home | | |
| Any tax liens or bankruptcy in last 5 years | | | Any undisputed and unpaid premium due from you | | |
| Any lapses or gaps in coverage | | | Are you aware of any losses in the last 3 years | | |
| Any locations outside of this state | | | Is travel radius greater than 200 miles | | |
| Any exterior work over 10 feet | | | Any fire or water restoration work done | | |
| Any power washing operations | | | Any external window cleaning | | |
| Does insured have a "B" license (CA only) | | | Regular out of office exposure by clerical employees | | |
| Do you have any chimney sweeping operations | | | Do you have a website | | |
| In past 3 years have you had employees working without workers compensation coverage | | | Do you use day laborers | | |
| Do you offer snow removal services | | | Any Waiver of Subrogation needed | | |

Please explain any "YES" answers here:

Please describe the nature of your business and description of operations:

Please include loss runs for the past 3 years and a copy of your mod worksheet (if applicable).

Coverage cannot be bound without the loss runs.

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and subject a person to criminal and/or civil penalties.

Applicant's Signature: _____ Title: _____ Date: _____