

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: _____