

# APPLICATION FOR WORKERS' COMPENSATION INSURANCE



NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL   
  PARTNERSHIP   
  CORPORATION   
  OTHER   
 EMPLOYER'S FEDERAL I.D. \_\_\_\_\_   
 SPECIAL STATE ASSESSMENT I.D. \_\_\_\_\_

AGENT OR BROKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PRODUCER'S CODES: AAU \_\_\_\_\_ W.C. System \_\_\_\_\_

**INSURANCE REQUESTED**

EFFECTIVE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ ANNIVERSARY DATE \_\_\_\_\_

COVERAGE A STATES \_\_\_\_\_

COVERAGE B LIMIT   
 \$100,000   
 \$500,000   
 \$1,000,000

PREMIUM PAYMENT   
 MONTHLY   
 QUARTERLY   
 SEMI-ANNUAL   
 ANNUAL

ADDITIONAL COVERAGES/ENDORSEMENTS \_\_\_\_\_

**LOCATION AND RATING INFORMATION** If more than three state locations use separate sheet.

LOCATION NO. 1 \_\_\_\_\_  
(street, city, state, zip code)

LOCATION NO. 2 \_\_\_\_\_  
(street, city, state, zip code)

LOCATION NO. 3 \_\_\_\_\_  
(street, city, state, zip code)

INTERSTATE   
 CALIFORNIA   
 DELAWARE   
 MICHIGAN   
 NEW JERSEY   
 PENNSYLVANIA   
 OTHER

EXPERIENCE MODIFICATIONS: \_\_\_\_\_

RATING BUREAU I.D. NO: \_\_\_\_\_

STATE	LOCATION	CLASS CODE	AAU SUFFIX H.O. USE	CLASSIFICATION OF OPERATIONS	NUMBER OF EMPLOYEES	ESTIMATED ANNUAL REMUNERATION
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PARTNERS/OFFICERS/SOLE PROPRIETORS to be included or excluded from coverage.

<u>NAME</u>	<u>TITLE</u>	<u>DUTIES</u>	<u>INCL. / EXCL.</u>	<u>CLASS CODE</u>	<u>REMUNERATION</u>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____

**PREMIUM AND LOSS HISTORY**

<u>POLICY PERIOD</u>	<u>INSURER</u>	<u>AUDITED PREMIUM</u>	<u>EXP. MOD</u>	<u>LOSSES</u>		
				<u>PAID</u>	<u>RESERVE</u>	<u>INCURRED</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION:** Please explain all "yes" responses on a separate sheet.

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Does applicant own, operate, or lease aircraft/watercraft?	<input type="checkbox"/>	<input type="checkbox"/>	Any employees under 16 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Any exposure to flammables, explosives, caustics, fumes?	<input type="checkbox"/>	<input type="checkbox"/>	Any employees over 60 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Any exposure to radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	Any part time or seasonal employees?	<input type="checkbox"/>	<input type="checkbox"/>
Any work performed on barges, vessels, docks?	<input type="checkbox"/>	<input type="checkbox"/>	Is there any volunteer or donated labor?	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant engaged in any other type of business?	<input type="checkbox"/>	<input type="checkbox"/>	Any employees with physical handicaps?	<input type="checkbox"/>	<input type="checkbox"/>
Are sub-contractors used?	<input type="checkbox"/>	<input type="checkbox"/>	Do employees travel out of state?	<input type="checkbox"/>	<input type="checkbox"/>
Any work sublet without certificates of insurance?	<input type="checkbox"/>	<input type="checkbox"/>	Are athletic teams sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	Are pre-employment physicals required?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant transport own personnel?	<input type="checkbox"/>	<input type="checkbox"/>	Any prior coverage declined/canceled/non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER INSURANCE**

	<u>AIRCRAFT LIABILITY/HULL</u>	<u>AIRPORT LIABILITY</u>	<u>PRODUCTS LIABILITY</u>
NAME OF INSURANCE COMPANY	_____	_____	_____
EXPIRATION DATE OF POLICY	_____	_____	_____

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
 Producer's Signature \_\_\_\_\_

**THE APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NEW MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE**