

Worker's Compensation Application

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  Other

Present Carrier: \_\_\_\_\_

Policy Period: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Requested Limits:  \$1MM / \$1MM  Other, please specify \_\_\_\_\_

New Venture?:  Yes  No Experience Modification: \_\_\_\_\_

Any Additional Insured?: \_\_\_\_\_

Inspection Contact: (name, phone, email) \_\_\_\_\_

Accounting Contact: (name, phone, email) \_\_\_\_\_

Payroll: **Estimated Annual Payroll**

Clerical \_\_\_\_\_ PAYROLL \_\_\_\_\_ OTHER CLASS CODES: # \_\_\_\_\_ PAYROLL \_\_\_\_\_

OTHER CLASS CODES: # \_\_\_\_\_ PAYROLL \_\_\_\_\_ OTHER CLASS CODES: # \_\_\_\_\_ PAYROLL \_\_\_\_\_

OTHER CLASS CODES: # \_\_\_\_\_ PAYROLL \_\_\_\_\_ OTHER CLASS CODES: # \_\_\_\_\_ PAYROLL \_\_\_\_\_

OTHER CLASS CODES: # \_\_\_\_\_ PAYROLL \_\_\_\_\_ OTHER CLASS CODES: # \_\_\_\_\_ PAYROLL \_\_\_\_\_

ATTACH YOUR PRESENT WORKER'S COMP CARRIER'S MOST RECENT AUDIT

Questions:

- Does the insured own, operate or lease aircraft/watercraft? \_\_\_\_\_
- Do/have past, present, or discontinued operations involved storing, treating, discharging, applying, disposing, or transporting of hazardous materials? \_\_\_\_\_
- Any work performed underground or above 15 feet? \_\_\_\_\_
- Any work performed on barges, vessels, docks, bridge over water? \_\_\_\_\_
- Do you own or operate any other business? \_\_\_\_\_
- Are Sub-contractors used? \_\_\_\_\_
- Are sub contractors allowed to work without providing certificate of insurance? \_\_\_\_\_
- Any group transportation provided? \_\_\_\_\_
- Any seasonal employees? \_\_\_\_\_
- Is there any volunteer or donated labor? \_\_\_\_\_
- Do employees travel out of state? \_\_\_\_\_
- Are athletic teams sponsored? \_\_\_\_\_
- Is there a labor interchange with any other business/subsidiary? \_\_\_\_\_
- Do you lease employees to or from other employers? \_\_\_\_\_
- Do any employees predominately work from home? \_\_\_\_\_
- Any tax liens or bankruptcy within the last 5 years? \_\_\_\_\_
- Any undisputed workers comp premium due? \_\_\_\_\_
- Is the employer a "Temporary Help" or Employee Leasing" agency? \_\_\_\_\_
- Is the insured a subsidiary of another entity? \_\_\_\_\_
- Does the insured have any subsidiaries? \_\_\_\_\_
- Any exposure to flammables, explosives, chemicals? \_\_\_\_\_
- Any catastrophe exposure? \_\_\_\_\_
- Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? \_\_\_\_\_
- During the last five years, has any applicant been convicted of any degree of the crime of arson? \_\_\_\_\_
- Any uncorrected fire code violations? \_\_\_\_\_
- Any bankruptcies, tax or credit liens against the applicant in the past 5 years? \_\_\_\_\_
- Has the business been placed in a trust? \_\_\_\_\_

Loss History (Any Claims?): \_\_\_\_\_

