

WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

				V		NNLN3 C		NJAI				FLICAI				
AGENCY					COMPANY		TER									
						APPLICANT										
							APPLICANT									
DHONE						MAILING ADDRESS (including	ADDRESS (including							E-MAIL ADDRESS		
(A/C, No, Ext):					ZIP + 4) YRS IN BUS											
(A/C, È-MA	No): AL RESS:							SIC	NAICS							
				SUB		F.	CREDIT BUREAU NAM					PARTNERSHIP	15	UBCHAPTER "S" (
					FEDERAL EM	IBER	NCO	CIID	NUMBER		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER					
STA	TUS O	F SUBM	ISSI	ON		BILLIN	IG/AUDIT IN	FORMATIO	N							
	QUOTE			SSUE POLI	CY	BILLING	PLAN	PAYMENT PLA	N	_		_	AUI	DIT		
	BOUND	(Give date a	nd/or a	ttach copy)		AGE	NCY BILL	CY BILL ANNUAL AT EXP						AT EXPIRATION	MONTHLY	
	ASSIGNE	ED RISK (At	tach AC	CORD 133)			ECT BILL	SEMI-AN	NUAL			-		SEMI-ANNUAL		
								QUARTE	RLY	% C	IWO	N:		QUARTERLY		
		EET, CITY, C			710 00											
	# SIKE	ET, CITT, C		T, STATE,		JDE										
POI	LICY IN	FORMA	TION													
	PROPO	SED EFF D	ATE		F	PROPOSED EXP DATE	NORMAL A	NNIVERSARY R	ATING DA	ΑTE			~	RETRO PLAN		
PA	ART 1 - WO	RKERS	DAD		OVED,	S LIABILITY	PART	3 - OTHER STAT		DEDU	СТІВ	LES AMOUN		OTHER COVERA	GES	
СОМ	PENSATIC	ON (States)	S		UTER	EACH ACCIDENT					1EDI0			U.S.L. & H.	MANAGED CARE OPTION	
			\$			DISEASE-POLICY	LIMIT						VOLUNTARY COMP			
			\$			DISEASE-EACH E								FOREIGN COV		
DIVID	DEND PLAI	N/SAFETY	ROUP	,	A	DDITIONAL COMPANY INFO			I			1		· · · · ·		
RA	TING IN	FORMA	TION	ļ					I						1	
STATE	LOC #	CLASS C	ODE	DESCR CODE CATEGORIES, DUTIES			S, CLASSIFICATI	FULL			ESTIMATED ANNUAL	ANNUAL		ESTIMATED ANNUAL PREMIUM		
				CODE					TIME		ME	REMUNERATION				
											_					
STAT	re:			FACT	OR	FACTORED PREMIUM			FAC	CTOR	T	FACTORED PREMIU			NAL COVERAGES /	
	TOTAL					\$	EXPENSE CONS		N	I/A	\$			ENDORSEMENTS		
INCREASED LIMITS					\$	TAXES / ASSESSMENTS		N	I/A	\$						
DEDUCTIBLE					\$					ę	S					
						\$	ESTIMATED AN	NUAL PREMIUM	Ν	I/A	ţ	6				
EXPERIENCE OR MERIT MODIFICATION					\$]				
			N/A	4	\$											
ASSIGNED RISK SURCHARGE \$			\$													
ARAF	C					\$										
						\$										
SCHEDULE RATING \$			\$													

STANDARD PREMIUM

PREMIUM DISCOUNT

\$

\$

\$

CCPAP

TOTAL EST ANNUAL PREMIUM

MINIMUM PREMIUM

DEPOSIT PREMIUM

N/A

\$

\$

\$

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)										
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION	

PRIOR CARRIER INFORMATION/LOSS HISTORY

ROVIDE INFORMA	TION FOR THE PAST 5 YEARS AND USE THE REMARKS S	LOSS RUN ATTACH	LOSS RUN ATTACHED			
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	ANNUAL PREMIUM MOD		AMOUNT PAID	RESERVE
CO:						
POL #:						
CO:						
POL #:						
CO:						
POL #:						
CO:						
POL #:						
CO:						
POL #:						

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING-- RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT, CONTRACTOR-- TYPE OF WORK, SUB-CONTRACTS. MERCANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES. SERVICE--TYPE, LOCATION. FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

GENERAL INFORMATION											
EXPLAIN ALL "YES" RESPONSES	Y	ES N		EXPLAIN ALL "YES" RESPONSES							
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAF	T?			NY PRIOR COVERAGE DECLINED/ ANCELLED/NON-RENEWED (Last 3 years)? NOT APPLICABLE IN MO							
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRA				19. ARE EMPLOYEE HEALTH PLANS PROVIDED?							
OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			20. IS	THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?							
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?				21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?							
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OV	ER WATER?		22. DO	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?							
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			23. AN	23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?							
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONT	RACTED)			NY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE ROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES?							
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			IF	YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).							
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?				CONTACT INFORMATION							
9. ANY GROUP TRANSPORTATION PROVIDED?			IN-	PHONE:							
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?			SPEC	SPECTION NAME:							
11. ANY SEASONAL EMPLOYEES?				E-MAIL:							
. IS THERE ANY VOLUNTEER OR DONATED LABOR?			АССТ	TNG PHONE:							
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			RECO								
14. DO EMPLOYEES TRAVEL OUT OF STATE?				E-MAIL:							
15. ARE ATHLETIC TEAMS SPONSORED?				MS PHONE:							
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE M.	ADE?		INFO	NAME:							
17. ANY OTHER INSURANCE WITH THIS INSURER?				E-MAIL:							
				ETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKEF INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BE							
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CON- CERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND INY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied)											
REMARKS (Attach additional sheets if more space is required)											
APPLICANT'S SIGNATURE DATE			RODUCER	R'S SIGNATURE NATIONAL PRODUCE	R NUM	BER					
ACORD 130 (2005/08)											