



Workers' Compensation Application

Applicant Information

Applicant Legal Name/First Named Insured: _____

Doing Business As: _____

*Mailing Address Line 1: _____

Mailing Address Line 2: _____

*City: _____ *State: _____ *ZIP Code: _____

Email: _____ *Email Contact Name: _____

*Phone Number: _____ Website: _____

*Legal Entity: _____

*Are there other legally combinable Named Insureds to be listed on this policy? Yes No Governing Class Code _____

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.

Policy Information

Association or Other Program Eligible?: Yes No

California Rating Factors

0941 Voluntary Comp Coverage: Yes No

Waiver of Subrogation: _____

General Information

*Effective Date: _____ *Expiration Date: _____

*FEIN: _____

*Primary State: _____ Anniversary Rating Date: _____

Experience Modifier: _____ *Years in Business: _____

*Employers Liability Limit: _____

* Denotes Required Field

Continued



Operations of Applicant

***Do any of the questions below apply to the Applicant's operations?**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g., landfills, wastes, fuel tanks, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any work performed underground or above 15 feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any tax liens or bankruptcy within the last five (5) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Applicant have operations governed by the Defense Base Act, Federal Employers Liability Act, Jones Act, or United States Longshoremen and Harbor Workers Act including work performed on barges, vessels, docks or bridges over water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the Applicant have oil and gas drilling, refining or manufacturing operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the Applicant manufacture, store, work with or transport fireworks, nitroglycerine or any other substance manufactured for the express purpose of exploding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the Applicant manufacture, store, work with or transport hazardous waste? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the Applicant own a professional sports team? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the Applicant abate, manufacture, distribute, store or handle asbestos? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the Applicant have any tunneling operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the Applicant construct and cofferdams? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the Applicant construct, repair or maintain any towers, steeples and/or chimneys? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the Applicant own, operate or lease aircraft/watercraft? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the Applicant have any PEO or Temporary Service Agency operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the Applicant have fire, police or other emergency personnel? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questionnaire

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the Applicant engaged in any other type of business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the Applicant use subcontractors, workers paid by 1099, or work sublet without certificates of insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is a written safety program in operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Applicant provide group transportation, where five or more employees are in a vehicle at one time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the Applicant requesting either statutory Workers' Compensation or Voluntary Compensation coverage for volunteers? (Note: Volunteers are not eligible in most states. Request will be reviewed and coverage may be made available where and to the extent permitted.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the Applicant have employees who travel out of the United States or Canada? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the Applicant had any prior lapse in coverage in the last three (3) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are employee health plans provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the Applicant sponsor any athletic or racing teams? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the Applicant lease employees to or from other employers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are there any undisputed and unpaid Workers' Compensation premium due from the Applicant or any commonly managed or owned enterprises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has the Applicant been self-insured, part of a self-insured group, or part of a PEO (Professional Employer Organization) during the last four (4) years? | <input type="checkbox"/> | <input type="checkbox"/> |

Class Code Operations Question

Additional Information may be asked dependent on class code and type of business.

Rating Information (Mandatory)

State	LOC	Class Code	Categories/Duties/Classifications	Number of Employees		Estimated Annual Payroll
				Full-Time	Part-Time	

Prior Carrier Information/Loss History

Agency Customer ID: _____

Provide information for the past 5 years and use the remarks section for the loss details				Loss run attached		
Year	Carrier & Policy Number	Annual Premium	MOD	# Claims	Amount Paid	Reserve
	Co:					
	Pol #:					
	Co:					
	Pol #:					
	Co:					
	Pol #:					
	Co:					
	Pol #:					
	Co:					
	Pol #:					