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**WHAT WE NEED FROM YOU**

		Date (mm/dd/yyyy)
Producer (if applicable):		Producer Phone (if applicable):
Producer Fax (if applicable):		Federal Employer ID Number:
Primary Contact Name:		Referral Source:
Company Name:		
Mailing Address:		
	State:	Zip:
Business Phone:	Mobile:	Fax:

**NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS**

Give comments and descriptions of all businesses, operations, and products (including other states): 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. If contractor, provide license number.

**LOCATIONS**

List all physical locations...

**Locations:**

- 1.
- 2.
- 3.

**POLICY INFORMATION**

**Employer's Liability**

Each Accident \$	Disease-Policy Limit \$	Disease-Each Employee \$
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**RATING INFORMATION**

Check here if list of additional class codes attached

Workers Comp Class Code:	# of Employees: Full Time / Part Time	Estimated Annual Payroll

Experience Modification:	Factor:	Factored Premium:
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**INDIVIDUALS INCLUDED/EXCLUDED**

Partners:

Name:	Contact Information:	Job Duties:	Workers Comp Class Code:

### INFORMATION REQUESTED

- Pay Cycle:
  Weekly
  Bi-Weekly
  Semi-Monthly
  Monthly
- Please provide a copy of current State Unemployment Tax form (if applicable) or SUTA Rate:
- Please provide a copy of current Workers' Compensation Declaration Sheet (if applicable) or WC Mod:
- Please provide a copy of your Company's:
  - Workers' Compensation Loss Runs
  - OSHA 200 logs (if applicable) for the **last 5 years. (If applicable)**
- Please provide a copy of your company's last two Leasing Company invoices (if applicable).

### GENERAL INFORMATION

Explain all "YES" responses	Yes	No
1. DOES APPLIANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. 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 checked="" type="checkbox"/>
3. ANY WORK PERFORMED UNDERGROUND ABOVE 15 FEET?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. ANY GROUP TRANSPORTATION PROVIDED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. ANY PART TIME OR SEASONAL EMPLOYEES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. DO EMPLOYEES TRAVEL OUT OF STATE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. ANY OTHER INSURANCE WITH THIS INSURER?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (last 3 years)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES?	<input type="checkbox"/>	<input type="checkbox"/>
24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks:

