



**WHAT WE NEED FROM YOU**

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

**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:**

**POLICY INFORMATION**

**Employer's Liability**

Each Accident \$                      Disease-Policy Limit \$                      Disease-Each Employee \$

**RATING INFORMATION**

Check here if list of additional class codes attached

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

  

<b>Experience Modification:</b>	<b>Factor:</b>	<b>Factored Premium:</b>

## 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"/>
<b>Remarks:</b>		

