

# Worker's Compensation updated 5-4-2017

**\*\*FOR QUOTING PURPOSES ONLY- APPLICATIONS REQUIRED TO BIND\*\***

**\*\*HARD COPY LOSS RUNS REQUIRED TO OBTAIN A VALID QUOTE\*\***

<b>AGENT NAME:</b>		<b>NEED BY DATE:</b>	
Business Name:		Contact Name:	
Phone #:		Email:	
Business Address:			
City:	State:	Zip:	County:
Sole Proprietorship:	Partnership:	Corporation:	Other:
Current Carrier:		Fed ID#:	
Date Business Started:	Effect. Date:	Prior Experience:	
<b>Detailed</b> Description of Business:			
Subs Used?	Percentage of subcontracted work:	Annual subcontractor payroll:	
# Of Owners	Included?	# of Employees (Excluding Owners):	
Total Annual Revenue:		Payroll (Excluding Owners):	
Owners Name(s):	Class:	Payroll:	
<b>LIMITS</b>			
Bodily Injury by Accident: (\$100,000)		Experience Modification:	
Bodily Injury by Disease: (\$100,000)		Risk ID #:	
Bodily Injury by Disease (Agg): (\$500,000)		States currently working in:	
<b>CLASS CODES</b>			
<b>Detailed Description</b>	<b>Class Code</b>	<b># Employees</b> (Part-time / Full-time)	<b>Payroll</b>
<b>LOSS HISTORY</b>			
<b>Any Losses?</b>	<b>Detailed description of claim(s):</b>		
<b>Amount(s) paid:</b>	<b>Claim(s) open or closed?</b>		
<b>ADDITIONAL LINES NEEDED</b>			
Liability:	Auto:	Umbrella:	

**Additional Questions must be answered:**

Any work sublet without Certificates?		Payroll for <i>uninsured</i> subs:
Does Insured use any day laborers?		Explain:
Is there any volunteer labor?		Explain:
Is there a Certified Drug Free Program?		<b>**Certificate Required to obtain credit**</b>
Any employee leasing?		Details:
Any unpaid Work Comp premiums?		Explain:
Do employees travel out of state?		Where? <span style="float:right">How often?</span>
Any overnight/extended day travel required?		Frequency:
Any prior coverage Cancelled for Cause?		Why? When was coverage cancelled? Time since lapse?
Any open or outstanding audits?		If "Yes", explain:
Are Employee Health Plan Provided?		
Any Bankruptcy within last 5 years?		Details:
How many OSHA violations has Insured had in the past 3 years?		Details:
Does insured have a Return to Work Program?		Details:
Is there a written Safety Program in place?		Details:
Is there any group transportation?		Details:
Does applicant own/operate/leave aircraft or watercraft?		Details:
Do past/present/discontinued operations involve(d) storing/treating/discharging/applying/disposing or transporting hazardous material?		Details:
Any work performed underground/above 15 ft?		Safety precautions/training in place:
Any work performed on barges/vessels/docks/bridges?		Details:
Is applicant engaged in any other type of business?		Explain:
Any employees under 16 or over 16 years of age?		Details:
Any seasonal employees?		Explain:
Any employees with physical handicaps?		Details:
Are athletic teams sponsored?		Details:
Are physicals required after offers of employment made?		
Do any employees perform work for other businesses?		Details:
Do any employees work predominately from home?		Number of employees: Details:
<b>Has "exclusion" and Audit been explained to client?</b>		Notes:

