

Workers Compensation

Corporate Legal Name
(include DBA)

Address

City

State

Zip Code

Telephone

Email

Location address

City

State

Zip Code

FEIN

Year Business Established

OWNER INFORMATION

Name

DOB

Title

Ownership
Percentage

Duties

DO THE OWNERS WANT TO WAIVE COVERAGE?

Yes

No

BRIEF DESCRIPTION OF OPERATIONS OF ENTITY

Annual Revenues

PRIOR INSURER

Carrier

Policy #

**Please attach previous policy declaration page*

LOSS HISTORY

If currently insured, please include 3 year loss run history and copy of the declaration page.

Current Health Insurance Carrier

Renewal Date

Workers' Compensation General Information

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

Remarks: