



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

| | | | | | |
|---------------------------------------|--|----------------------------|--|--------------------------------------------------------------|--|
| AGENCY | | COMPANY | | UNDERWRITER | |
| APPLICANT NAME * | | | | | |
| MAILING ADDRESS (including ZIP + 4) * | | | | E-MAIL ADDRESS | |
| PHONE (A/C, No, Ext): | | YRS IN BUS | | SIC | |
| FAX (A/C, No): | | NAICS | | INDIVIDUAL | |
| E-MAIL ADDRESS: | | CORPORATION | | LLC | |
| CODE: | | SUB CODE: | | CREDIT BUREAU NAME: | |
| AGENCY CUSTOMER ID | | FEDERAL EMPLOYER ID NUMBER | | NCCI ID NUMBER | |
| | | ID NUMBER: | | OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER | |

| | | | | | |
|---------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------|--------------------------------------|----------------------------------------|--------------------------------------|
| STATUS OF SUBMISSION | | BILLING/AUDIT INFORMATION | | | |
| <input type="checkbox"/> QUOTE | <input type="checkbox"/> ISSUE POLICY | BILLING PLAN | | PAYMENT PLAN | |
| <input type="checkbox"/> BOUND (Give date and/or attach copy) | <input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133) | <input type="checkbox"/> AGENCY BILL | <input type="checkbox"/> DIRECT BILL | <input type="checkbox"/> ANNUAL | <input type="checkbox"/> SEMI-ANNUAL |
| | | | | <input type="checkbox"/> QUARTERLY | % DOWN: |
| | | | | <input type="checkbox"/> AT EXPIRATION | <input type="checkbox"/> MONTHLY |
| | | | | <input type="checkbox"/> SEMI-ANNUAL | <input type="checkbox"/> QUARTERLY |

| LOCATIONS | |
|-----------|---------------------------------------|
| LOC # | STREET, CITY, COUNTY, STATE, ZIP CODE |
| * | |
| | |
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|-----------------------------------------------|--|--------------------------------------|--|----------------------------------|--|--------------------------------|--|-------------------|--|------------------------|--|
| POLICY INFORMATION | | PROPOSED EFF DATE | | PROPOSED EXP DATE | | NORMAL ANNIVERSARY RATING DATE | | PARTICIPATING | | RETRO PLAN | |
| * | | | | | | | | NON-PARTICIPATING | | | |
| PART 1 - WORKERS COMPENSATION (States) | | PART 2 - EMPLOYER'S LIABILITY | | PART 3 - OTHER STATES INS | | DEDUCTIBLES | | AMOUNT/% | | OTHER COVERAGES | |
| | | \$ 1,000,000 EACH ACCIDENT | | | | MEDICAL | | | | U.S.L. & H. | |
| | | \$ 1,000,000 DISEASE-POLICY LIMIT | | | | INDEMNITY | | | | VOLUNTARY COMP | |
| | | \$ 1,000,000 DISEASE-EACH EMPLOYEE | | | | | | | | FOREIGN COV | |
| DIVIDEND PLAN/SAFETY GROUP | | ADDITIONAL COMPANY INFORMATION | | | | | | | | | |

| RATING INFORMATION | | | | | | | | | |
|--------------------|-------|------------|------------|-------------------------------------|-------------|-----------|-------------------------------|------|--------------------------|
| STATE | LOC # | CLASS CODE | DESCR CODE | CATEGORIES, DUTIES, CLASSIFICATIONS | # EMPLOYEES | | ESTIMATED ANNUAL REMUNERATION | RATE | ESTIMATED ANNUAL PREMIUM |
| | | | | | FULL TIME | PART TIME | | | |
| | * | | * | | * | * | * | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STATE: | FACTOR | FACTORED PREMIUM | FACTOR | FACTORED PREMIUM | SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS |
|----------------------------------|--------|------------------|--------------------------|------------------|---------------------------------------------|
| TOTAL | | \$ | N/A | \$ | |
| INCREASED LIMITS | | \$ | N/A | \$ | |
| DEDUCTIBLE | | \$ | | \$ | |
| EXPERIENCE OR MERIT MODIFICATION | | \$ | | \$ | |
| LOSS CONSTANT | N/A | \$ | | \$ | |
| ASSIGNED RISK SURCHARGE | | \$ | | \$ | |
| ARAP | | \$ | | \$ | |
| SCHEDULE RATING | | \$ | | \$ | |
| CCPAP | | \$ | TOTAL EST ANNUAL PREMIUM | N/A \$ | |
| STANDARD PREMIUM | | \$ | MINIMUM PREMIUM | \$ | |
| PREMIUM DISCOUNT | | \$ | DEPOSIT PREMIUM | \$ | |

INDIVIDUALS INCLUDED/EXCLUDED

| PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.) | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-------|------|---------------|--------------------|--------------|--------|---------|------------|--------------|
| STATE | LOC # | NAME | DATE OF BIRTH | TITLE/RELATIONSHIP | OWNER-SHIP % | DUTIES | INC/EXC | CLASS CODE | REMUNERATION |
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PRIOR CARRIER INFORMATION/LOSS HISTORY

| PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR 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 #: | | | | | | |

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.

* * *

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| 1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? | | | 18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)? | | |
| 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) | | | 19. ARE EMPLOYEE HEALTH PLANS PROVIDED? | | |
| 3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? | | | 20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY? | | |
| 4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? | | | 21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | |
| 5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? | | | 22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? | | |
| 6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED) | | | 23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS? | | |
| 7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.? | | | 24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBERS(S). | | |
| 8. IS A WRITTEN SAFETY PROGRAM IN OPERATION? | | | CONTACT INFORMATION | | |
| 9. ANY GROUP TRANSPORTATION PROVIDED? | | | IN- SPECTION | PHONE: * | |
| 10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE? | | | | NAME: * | |
| 11. ANY SEASONAL EMPLOYEES? | | | | E-MAIL: | |
| 12. IS THERE ANY VOLUNTEER OR DONATED LABOR? | | | ACCTNG RECORD | PHONE: | |
| 13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS? | | | | NAME: | |
| 14. DO EMPLOYEES TRAVEL OUT OF STATE? | | | | E-MAIL: | |
| 15. ARE ATHLETIC TEAMS SPONSORED? | | | CLAIMS INFO | PHONE: | |
| 16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? | | | | NAME: | |
| 17. ANY OTHER INSURANCE WITH THIS INSURER? | | | | E-MAIL: | |

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

REMARKS (Attach additional sheets if more space is required)

* * *

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|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|------|----------------------|--------------------------|



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

| | | | | | | | |
|-----------------------|--|-------------------------------------|-----|----------------|---------------------|--------------------------------------------------------------|-----|
| AGENCY | | COMPANY | | | UNDERWRITER | | |
| PHONE (A/C, No, Ext): | | APPLICANT NAME | | | | | |
| FAX (A/C, No): | | MAILING ADDRESS (including ZIP + 4) | | | E-MAIL ADDRESS | | |
| E-MAIL ADDRESS: | | YRS IN BUS | SIC | NAICS | INDIVIDUAL | CORPORATION | LLC |
| CODE: | | CREDIT BUREAU NAME: | | | ID NUMBER: | | |
| SUB CODE: | | FEDERAL EMPLOYER ID NUMBER | | NCCI ID NUMBER | | OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER | |
| AGENCY CUSTOMER ID | | PARTNERSHIP | | | SUBCHAPTER "S" CORP | | |

| | | | | | | | |
|---------------------------------------------------------------|---------------------------------------|------------------------------------|--------------------------------------|----------------------------------------|------------------------------------|--------------|--|
| STATUS OF SUBMISSION | | BILLING/AUDIT INFORMATION | | | | | |
| <input type="checkbox"/> QUOTE | <input type="checkbox"/> ISSUE POLICY | BILLING PLAN | | PAYMENT PLAN | | AUDIT | |
| <input type="checkbox"/> BOUND (Give date and/or attach copy) | <input type="checkbox"/> AGENCY BILL | <input type="checkbox"/> ANNUAL | <input type="checkbox"/> SEMI-ANNUAL | <input type="checkbox"/> AT EXPIRATION | <input type="checkbox"/> MONTHLY | | |
| <input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133) | <input type="checkbox"/> DIRECT BILL | <input type="checkbox"/> QUARTERLY | <input type="checkbox"/> % DOWN: | <input type="checkbox"/> SEMI-ANNUAL | <input type="checkbox"/> QUARTERLY | | |

| LOC # | STREET, CITY, COUNTY, STATE, ZIP CODE |
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|----------------------------------------|--|--------------------------------|--|--------------------------------|--|---------------|--|------------|--|
| PROPOSED EFF DATE | | PROPOSED EXP DATE | | NORMAL ANNIVERSARY RATING DATE | | PARTICIPATING | | RETRO PLAN | |
| PART 1 - WORKERS COMPENSATION (States) | | PART 2 - EMPLOYER'S LIABILITY | | PART 3 - OTHER STATES INS | | DEDUCTIBLES | | AMOUNT/% | |
| \$ | | EACH ACCIDENT | | \$ | | MEDICAL | | \$ | |
| \$ | | DISEASE-POLICY LIMIT | | \$ | | INDEMNITY | | \$ | |
| \$ | | DISEASE-EACH EMPLOYEE | | \$ | | | | \$ | |
| DIVIDEND PLAN/SAFETY GROUP | | ADDITIONAL COMPANY INFORMATION | | | | | | | |
| | | | | | | | | | |

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|-------|-------|------------|------------|-------------------------------------|-------------|-----------|-------------------------------|------|--------------------------|
| | | | | | FULL TIME | PART TIME | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
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| STATE: | FACTOR | FACTORED PREMIUM | FACTOR | FACTORED PREMIUM | SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS |
|----------------------------------|--------|------------------|--------------------------|------------------|---------------------------------------------|
| TOTAL | | \$ | EXPENSE CONSTANT | N/A \$ | |
| INCREASED LIMITS | | \$ | TAXES / ASSESSMENTS | N/A \$ | |
| DEDUCTIBLE | | \$ | | \$ | |
| | | \$ | ESTIMATED ANNUAL PREMIUM | N/A \$ | |
| EXPERIENCE OR MERIT MODIFICATION | | \$ | | | |
| LOSS CONSTANT | N/A | \$ | | | |
| ASSIGNED RISK SURCHARGE | | \$ | | | |
| ARAP | | \$ | | | |
| SCHEDULE RATING | | \$ | | | |
| CCPAP | | \$ | TOTAL EST ANNUAL PREMIUM | N/A \$ | |
| STANDARD PREMIUM | | \$ | MINIMUM PREMIUM | \$ | |
| PREMIUM DISCOUNT | | \$ | DEPOSIT PREMIUM | \$ | |

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)

| STATE | LOC # | NAME | DATE OF BIRTH | TITLE/RELATIONSHIP | OWNER-SHIP % | DUTIES | INC/EXC | CLASS CODE | REMUNERATION |
|-------|-------|------|---------------|--------------------|--------------|--------|---------|------------|--------------|
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PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

| YEAR | CARRIER & POLICY NUMBER | ANNUAL PREMIUM | MOD | # CLAIMS | AMOUNT PAID | RESERVE | LOSS RUN ATTACHED |
|------|-------------------------|----------------|-----|----------|-------------|---------|-------------------|
| | CO: POL #: | | | | | | |
| | CO: POL #: | | | | | | |
| | CO: POL #: | | | | | | |
| | CO: POL #: | | | | | | |
| | CO: POL #: | | | | | | |

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REMARKS (Attach additional sheets if more space is required)

| | | | |
|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|------|----------------------|--------------------------|