WORKERS' COMPENSATION QUOTE APPLICATION

COMPANY:	
UNDERWRITER:	
APPLICANT NAME:	
OFFICE PHONE:	CELL PHONE:
MAILING ADDRESS (including ZIP +4 or Canadian Postal Code)	YEARS IN BUSINESS:
	E-MAIL ADDRESS:
	FEDERAL EMPLOYER ID NUMBER:

LOCATIONS

LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE

POLICY INFORMATION

PROPOSED EFFECTIVE DATE:	PROPOSED EXPIRATION DATE:

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	CELL PHONE
INSPECTION			
ACCTNG RECORD			
CLAIMS INFO			

INDIVIDUALS INCLUDED / EXCLUDED

STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNERSHIP %	INCLUDE/EXCLUDE

RATING INFORMATION—STATE

LOC #	CLASS CODE	DESCRIPTION CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	# EMPLOYEES PART TIME	ESTIMATED ANNUAL REMUNERATION / PAYROLL

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PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST "4" YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS ****ATTACH LOSS RUN REPORTS**

YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

PREMIUM

STATE:	FACTOR:
EXPERIENCE MOD :	

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PROJECTS, 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

BUSINESS ENTITY INFORMATION

PLEASE CHECK THE ONE BUSINESS ENTITY TYPE BELOW THAT APPLIES TO YOUR COMPANY:

☐ SOLE PROPRIETOR	☐ LIMITED LIABILITY COMPANY ACTING AS A SOLE PROPRIETOR	☐ CORPORATION
☐ PARTNERSHIP	☐ LIMITED LIABILITY COMPANY ACTING AS A PARTNERSHIP	☐ INDIVIDUAL INCORPORATED AS A CORPORATION
☐ LIMITED PARTNERSHIP	☐ LIMITED LIABILITY COMPANY ACTING AS A CORPORATION	☐ FAMILY FARM CORPORATION

INCORPORATION DATE:	CHARTER #:	STATE WHERE INCORPORATED:

REMARKS

Company Name:

Workers' Compensation Questionnaire	Yes	No
Please explain all items answered "YES" in detail in the space below question		
1. Do you own, operate or lease aircraft/watercraft that is used within the scope of your business operations?	☐	☐
2. Any present operations which involve exposure to chemicals or hazardous materials?	☐	☐
3. Any work performed underground or higher than 15 feet above ground level?	☐	☐
4. Any work performed on barges, vessels, docks or bridges over water?	☐	☐
5. Is applicant engaged in any other type of business?	☐	☐
6. Are subcontractors and/or independent contractors used? (If "YES", give % of work subcontracted)	☐	☐
7. Any work sublet without certificates of insurance collected?	☐	☐
8. Is a formal safety program in operation?	☐	☐
9. Is a drug-testing program in place?	☐	☐
10. Any group transportation provided?	☐	☐
11. Any employees under 16 or over 60 years of age?	☐	☐
12. Any part time or seasonal employees?	☐	☐
13. Is there any internship,volunteer or donated labor?	☐	☐
14. Do employees travel out of state or out of country? If so, scope of travel?	☐	☐
15. Is an early return/light duty program in operation?	☐	☐
16. Do you lease employees to or from other employers?	☐	☐
17. Is there a labor interchange with any other business/subsidiary?	☐	☐
18. Are employee health plans provided?	☐	☐
19. Any prior coverage declined, cancelled or non-renewed in the past three years?	☐	☐
20. Has the company and its owners/officers met all financial obligations to any prior insurer for workers' compensation premium or employee leasing/PEO service agreement fees?	☐	☐

Applicant Signature: **Title:** **Date:**

I ATTEST THAT ALL INFORMATION SUBMITTED IN THIS DISCLAIMER QUESTIONNAIRE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Rev. 10/13