

PRODUCER	PHONE (A/C, No, Ext):	COMPANY	UNDERWRITER	
		APPLICANT NAME		
		MAILING ADDRESS (including ZIP code)		
		YRS IN BUS	SIC	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORP <input type="checkbox"/> OTHER
CODE:	SUB CODE:	CREDIT BUREAU NAME:	ID NUMBER:	
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER	NCCI 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	<b>BILLING PLAN</b>	<b>PAYMENT PLAN</b>	<b>AUDIT</b>
<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"/> OTHER <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"/> OTHER: <input type="checkbox"/> QUARTERLY

**LOCATIONS**

#	STREET, CITY, COUNTY, STATE, ZIP CODE

**POLICY INFORMATION**

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	<input type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING	RETRO PLAN				
PART 1 – WORKERS COMPENSATION (States)	PART 2 – EMPLOYER'S LIABILITY		PART 3 – OTHER STATES INS	DEDUCTIBLES	AMOUNT/%	OTHER COVERAGES		
	\$	EACH ACCIDENT					<input type="checkbox"/> MEDICAL	<input type="checkbox"/> U.S.L. & H. <input type="checkbox"/> MANAGED CARE OPTION
	\$	DISEASE-POLICY LIMIT					<input type="checkbox"/> INDEMNITY	<input type="checkbox"/> VOLUNTARY COMP
\$	DISEASE-EACH EMPLOYEE		<input type="checkbox"/> FOREIGN COV					
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION						

**RATING INFORMATION**

STATE	LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
					FULL TIME	PART TIME			

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS	FACTOR	FACTORED PREMIUM			
TOTAL		\$			
INCREASED LIMITS		\$			
DEDUCTIBLE		\$			
		\$			
EXPERIENCE MODIFICATION		\$			
LOSS CONSTANT		\$			
ASSIGNED RISK SURCHARGE		\$			
ARAP		\$			
		\$			
PREMIUM DISCOUNT		\$			
EXPENSE CONSTANT		\$			
		\$			
MINIMUM PREMIUM	\$	DEPOSIT PREMIUM	\$	TOTAL EST ANNUAL PREMIUM	\$

**INDIVIDUALS INCLUDED/EXCLUDED**

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

#	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNER SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION

**PRIOR CARRIER INFORMATION/LOSS HISTORY**

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS							<input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>	16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	<input type="checkbox"/>	<input 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 type="checkbox"/>	17. ANY OTHER INSURANCE WITH THIS INSURER?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	<input type="checkbox"/>	<input type="checkbox"/>	18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (Last 3 years)? NOT APPLICABLE IN MO	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	<input type="checkbox"/>	<input type="checkbox"/>	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE SUB-CONTRACTORS USED (IF YES, GIVE % OF WORK SUBCONTRACTED)	<input type="checkbox"/>	<input type="checkbox"/>	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?	<input type="checkbox"/>	<input type="checkbox"/>	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?	<input type="checkbox"/>	<input type="checkbox"/>
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>	23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
9. ANY GROUP TRANSPORTATION PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>	<b>CONTACT INFORMATION</b>		
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	<input type="checkbox"/>	<input type="checkbox"/>	<b>INSPECTION</b>	PHONE:	
11. ANY SEASONAL EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>		NAME:	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?	<input type="checkbox"/>	<input type="checkbox"/>	<b>ACCTNG RECORD</b>	PHONE:	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	<input type="checkbox"/>	<input type="checkbox"/>		NAME:	
14. DO EMPLOYEES TRAVEL OUT OF STATE?	<input type="checkbox"/>	<input type="checkbox"/>	<b>CLAIMS INFO</b>	PHONE:	
15. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>		NAME:	

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: IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

REMARKS

APPLICANT'S SIGNATURE \_\_\_\_\_ PRODUCER'S SIGNATURE \_\_\_\_\_