

ACORDTM WORKERS COMPENSATION APPLICATION										DATE			
PRODUCER		PHONE (A/C, No, Ext):		COMPANY				UNDERWRITER					
				APPLICANT NAME									
				MAILING ADDRESS (Including ZIP code)									
				YRS IN BUS		SIC		INDIVIDUAL		CORPORATION		LIMITED CORP	
						PARTNERSHIP		SUBCHAPTER "S" CORP		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					
☐ QUOTE		☐ ISSUE POLICY		☐ BILLING PLAN		☐ PAYMENT PLAN		☐ AUDIT	
☐ BOUND (Give date and/or attach copy)		☐ AGENCY BILL		☐ ANNUAL		☐ OTHER:		☐ AT EXPIRATION	
☐ ASSIGNED RISK (Attach ACORD 133)		☐ DIRECT BILL		☐ SEMI-ANNUAL				☐ SEMI-ANNUAL	
				☐ QUARTERLY		% DOWN:		☐ QUARTERLY	
								☐ MONTHLY	
								☐ OTHER:	

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

POLICY INFORMATION	
PROPOSED EFF DATE	
PROPOSED EXP DATE	
NORMAL ANNIVERSARY RATING DATE	
PARTICIPATING	
NON-PARTICIPATING	
RETRO PLAN	
PART 1 - WORKERS COMPENSATION (States)	
PART 2 - EMPLOYER'S LIABILITY	
PART 3 - OTHER STATES INS	
DEDUCTIBLES	
AMOUNT/%	
OTHER COVERAGES	
U.S.L. & H.	
VOLUNTARY COMP	
FOREIGN COV	
MANAGED CARE OPTION	
DISEASE-POLICY LIMIT	
DISEASE-EACH EMPLOYEE	
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
MINIMUM PREMIUM							\$	DEPOSIT PREMIUM	\$
TOTAL EST ANNUAL PREMIUM									\$

[illegible]

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 #:						

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.	

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?		
			18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)? NOT APPLICABLE IN MO		
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?			20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)			22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?		
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?					
9. ANY GROUP TRANSPORTATION PROVIDED?					
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?					
11. ANY SEASONAL EMPLOYEES?					
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?					
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?					
14. DO EMPLOYEES TRAVEL OUT OF STATE?					
15. ARE ATHLETIC TEAMS SPONSORED?					

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