



## WORKERS COMPENSATION SUPPLEMENTAL APPLICATION

### GENERAL INFORMATION

Explain All "Yes" Responses

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Does applicant own, operate or lease aircraft/watercraft?   | <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, waste, fuel tanks, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any work performed underground or above 15 feet?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any work performed on barges, vessels, docks, bridge over water?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is applicant engaged in any other type of business:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are sub-contractors used? (If yes, give % of work subcontracted) % _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any work sublet without certificates of insurance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is a written safety program in operation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any group transportation provided?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any employees under 16 or over 60 years of age?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Any seasonal employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there any volunteer or donated labor?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Any employees with physical handicaps?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do employees travel out of state?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are athletic teams sponsored?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are physicals required after offers of employment are made:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Any other insurance with this insurer?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Any prior coverage declined/cancelled/non-renewed (Last 3 years)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are employee health plans provided?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is there a labor interchange with any other business/subsidiary?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you lease employees to or from other employers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do any employees predominantly work at home?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Any tax liens or bankruptcy within the last 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> |

It is **EXTREMELY** important to explain all yes answers in the comment section on the next page.

### ADDITIONAL UNDERWRITING INFORMATION

The following items must be included with your submission BEFORE the company can review your account. If data is not enclosed or available, please explain why on the next page.

1.  Latest available Experience Modifier Worksheet.  
This is to insure class codes, payroll trends and loss experience for possible rate reduction.
2.  Copy of current policy Information Page.  
include named insured endorsement, schedule of locatins & schedule of exposures by class and payroll from current Workers Compensation policy.
3.  Copy of Carrier's Loss Runs = Four (4) years.
4.  Copy of the latest two (2) 941 quarterly Federal Tax Forms.  
This information is used as verification of payrolls.
5.  Copy of your Formal Safety Program



**INDIVIDUALS INCLUDED/EXCLUDED**

Partners, Officers, Relatives to be included or excluded. (Remuneration must be shown if these individuals are to be included)

| Name | Date of Birth | Title/Relationship | Owner-ship % | Duties | Inc/Exc | Class Code | Remuneration |
|------|---------------|--------------------|--------------|--------|---------|------------|--------------|
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**COMMENTS**

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