ACORD ERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY	COMPANY	UNDERWRITER
	APPLICANT NAME	INTERNET ADDRESS:
	MAILING ADDRESS (including ZIP code)	
FAX (A/C, No):		
PHONE (A/C, No, Ext):	YRS IN BUSINESS / SIC	☐ INDIVIDUAL ☐ CORPORATION ☐ LIMITED CORP ☐ PARTNERSHIP ☐ "S" CORP ☐ OTHER
E-MAIL ADDRESS:		
CODE: SUBCODE:	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

☐ QUOTE ☐ ISSUE POLICY
☐ BOUND (Give date and/or attach copy)
☐ ASSIGNED RISK (Attach ACORD 133)

BILLING/AUDIT INFORMATION

BILLING PLAN
☐ AGENCY BILL
☐ DIRECT BILL

PAYMENT PLAN
☐ ANNUAL ☐ OTHER:
☐ SEMI-ANNUAL
☐ QUARTERLY
% DOWN

AUDIT
☐ AT EXPIRATION ☐ MONTHLY
☐ SEMI-ANNUAL ☐ OTHER
☐ QUARTER

LOCATIONS - Please provide most current list of 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	AMT/%	OTHER COVERAGES
	$1M	EACH ACCIDENT		☐ MEDICAL		☐ U.S.L.&H. ☐ MANAGED CARE OPTION
	$1M	DISEASE – POLICY LIMIT		☐ INDEMNITY		☐ VOLUNTARY COMP ☐ WA STOP GAP
	$1M	DISEASE – EACH EMPLOYEE		☐		☐ FOREIGN COV

DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION

RATING INFORMATION

STATE	LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	# EMPLOYEES PART TIME	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL		$	EXPENSE CONSTANT	N/A	$
INCREASED LIMITS		$	TAXES/ASSESSMENTS	N/A	$
DEDUCTIBLE		$			$
		$	ESTIMATED ANNUAL PREM	N/A	$
EXPERIENCE OR MERIT MODIFICATION		$			
LOSS CONSTANT	N/A	$			
ASSIGNED RISK SURCHARGE		$			
ARAP		$			
		$			
SCHEDULE RATING		$			
CCPAP		$	TOTAL EST ANNUAL PREM		$
STANDARD PREMIUM		$	MINIMUM PREMIUM	$	
PREMIUM DISCOUNT		$	DEPOSIT PREMIUM	$	

SPECIFY ADDITIONAL COVERAGES/ ENDORSEMENTS

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
1								

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 DESCRIPTION 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)? NOT APPLICABLE IN MO.	☐	☐
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?	☐	☐
			20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?	☐	☐
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	☐	☐	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	☐	☐
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	☐	☐	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?	☐	☐
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	☐	☐	23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?	☐	☐
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)	☐	☐	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 NUMBER(S).	☐	☐
7. ANY WORK SUBLET WITHOUT CERTIFICATE OF INSURANCE?	☐	☐			
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 KNOWLINGLY 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 KNOWLINGLY 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, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

REMARKS (Attach additional sheets if more space is required)

PLEASE REVIEW THE ABOVE INFORMATION FOR ACCURACY. ONCE COMPLETE, PLEASE GIVE DESCRIPTIONS OF yes ANSWERS IN THIS BOX.

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