### WORKERS COMPENSATION APPLICATION

**PRODUCER PHONE**

(A/C, No, Ext):

**COMPANY**

**UNDERWRITER**

---

**APPLICANT NAME**

---

**MAILING ADDRESS**

(Including ZIP code):

---

**LOCATIONS**

---

**POLICY INFORMATION**

<table>
<thead>
<tr>
<th>PROPOSED EFF DATE</th>
<th>PROPOSED EXP DATE</th>
<th>NORMAL ANNUITY RATING DATE</th>
<th>PARTICIPATING</th>
<th>NON-PARTICIPATING</th>
<th>RETRO PLAN</th>
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**PART 1 - WORKERS COMPENSATION (States)**

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**PART 2 - EMPLOYER’S LIABILITY**

- **$ EACH ACCIDENT**
- **$ DISEASE-POLICY LIMIT**
- **$ DISEASE-EACH EMPLOYEE**

**DEDUCTIBLES**

- **MEDICAL**
- **INDEMNITY**

**AMOUNT/%**

- **U.S.L & H.**
- **VOLUNTARY COMP.**
- **FOREIGN COV.**

**OTHER COVERAGES**

**PART 3 - OTHER STATES INS**

**DIVIDEND PLAN/SAFETY GROUP**

**ADDITIONAL COMPANY INFORMATION**

---

**RATING INFORMATION**

<table>
<thead>
<tr>
<th>STATE</th>
<th>LOC</th>
<th>CLASS CODE</th>
<th>COMPANY USE</th>
<th>CATEGORIES, DUTIES, CLASSIFICATIONS</th>
<th># EMPLOYEES</th>
<th>ESTIMATED ANNUAL REMUNERATION</th>
<th>RATE</th>
<th>ESTIMATED ANNUAL PREMIUM</th>
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**SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS**

<table>
<thead>
<tr>
<th></th>
<th>FACTOR</th>
<th>FACTORED PREMIUM</th>
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<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
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<td><strong>INCREASED LIMITS</strong></td>
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<td><strong>DEDUCTIBLE</strong></td>
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<td><strong>EXPERIENCE MODIFICATION</strong></td>
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<td><strong>LOSS CONSTANT</strong></td>
<td>$</td>
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<tr>
<td><strong>ASSIGNED RISK SURCHARGE</strong></td>
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<td><strong>ARAP</strong></td>
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<td><strong>PREMIUM DISCOUNT</strong></td>
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<td><strong>EXPENSE CONSTANT</strong></td>
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**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.)

<table>
<thead>
<tr>
<th>#</th>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP</th>
<th>OWNER-</th>
<th>DUTIES</th>
<th>INC/EXC</th>
<th>CLASS CODE</th>
<th>REMUNERATION</th>
</tr>
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PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>CARRIER &amp; POLICY NUMBER</th>
<th>ANNUAL PREMIUM</th>
<th>MOD</th>
<th># CLAIMS</th>
<th>AMOUNT PAID</th>
<th>RESERVE</th>
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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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>EXPLAIN ALL &quot;YES&quot; RESPONSES</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?</td>
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<td>2. DO HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVING STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)</td>
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<td>3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?</td>
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<td>4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?</td>
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<td>5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?</td>
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<td>6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)</td>
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<td>7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE?</td>
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<td>8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?</td>
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<td>9. ANY GROUP TRANSPORTATION PROVIDED?</td>
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<td>10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?</td>
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<td>11. ANY SEASONAL EMPLOYEES?</td>
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<td>12. IS THERE ANY VOLUNTEER OR DONATED LABOR?</td>
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<td>13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?</td>
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<td>14. DO EMPLOYEES TRAVEL OUT OF STATE?</td>
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<td>15. ARE ATHLETIC TEAMS SPONSORED?</td>
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<td>16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?</td>
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<td>17. ANY OTHER INSURANCE WITH THIS INSURER?</td>
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<td>18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (Last 5 years)? NOT APPLICABLE IN MO</td>
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<td>19. ARE EMPLOYEE HEALTH PLANS PROVIDED?</td>
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<td>20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?</td>
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<td>21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?</td>
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<td>22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?</td>
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<td>23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?</td>
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