



WORKERS COMPENSATION POLICY APPLICATION



CLIENT INFORMATION			
Name			
Address			
City, State, Zip			
County		Website	
Population		Year Established	

POLICY TERM			
Effective Date		Expiration Date	
Date Quote Needed			

AGENCY				
Name	Address	Phone	Fax	

ENTITY CONTACTS				
Name	Position/Title	Phone	Cell	E-mail

LOSS RUNS – PLEASE ATTACH THE FOLLOWING FOR ALL LINES
Five years of loss runs from prior carriers excluding those carriers of the IMIP. The loss run reports should be no older than six months prior to the expiration date of the policy.





COVERAGE INFORMATION

PART 1 – WORKERS COMPENSATION COVERAGE					Amount
State 1					Indiana
State 2		State 3		State 4	
State 5		State 6		State 7	
PART 2 – EMPLOYERS LIABILITY					
Employers' Liability - Each Accident Limit					
Employers' Liability – Each Disease Limit					
Employers' Liability - Disease Policy Limit					
PART 3 – OTHER STATES INSURANCE					
State 2 – Yes/No		State 3 - Yes/No		State 4 - Yes/No	
State 5 - Yes/No		State 6 - Yes/No		State 7 - Yes/No	
DEDUCTIBLES					
Medical					
Indemnity					
OTHER COVERAGES					
USL&H					
Voluntary Comp					
Foreign Cov					
ADDITIONAL COVERAGES/ENDORSEMENTS/COMMENTS					

RATING / PREMIUM INFORMATION

State	Class Code	Categories / Duties / Classifications	Number of Full Time Employees	Number of Part Time Employees	SIC	NAICS	Estimated Annual Remuneration	Rate	Estimated Annual Manual Premium





EXPIRING INFORMATION

Expiring Carrier		
PREMIUM	FACTORS/MODIFICATIONS	PREMIUM
Total Manual Premium		
Increased Limits Factor		
Deductible Factor		
Experience Modification		
Schedule Modification		
Standard Premium		
Premium Discount		
Expense Constant		
Taxes / Assessments / Surcharges		
Total Estimated Premium		
Minimum Premium		
Deposit Premium		

UNDERWRITING INFORMATION

		Yes / No / Details
Does the entity own, operate or lease aircraft / watercraft?		
If Yes, provide details / explanation of aircraft/ watercraft		
Do / have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing of or transporting hazardous material(s)? (e.g. landfills, wastes, fuel tanks, etc.)?		
If Yes, provide details / explanation of hazardous material		
Does the entity perform any work underground or above 15 feet?		
If Yes, provide details / explanation of under/above work		
Does the entity perform any work on barges, vessels, docks, bridges or structures over water?		
If Yes, provide details / explanation of these structures		
Are subcontractors used?		
If Yes, provide details / explanation of subcontractors		
Does the entity sublet any work without receiving a certificate of insurance? (If Yes, the payroll must be included in the Rating / Premium Information above?)		





If Yes, provide details / explanation about not having cert.	
Does the entity have a written safety program?	
If Yes, provide details / explanation of safety program	
Does the entity provide any transportation services?	
If Yes, provide details / explanation of trans. services	
Does the entity have any employees under 16 years of age or over 60 years of age?	
If Yes, provide details / explanation of low/high aged workers	
Does the entity employ any seasonal employees?	
If Yes, provide details / explanation of seasonal employees	
Does the entity have any volunteers or donated labor?	
If Yes, provide details / explanation of volunteers	
Does the entity have any employees with physical handicaps?	
If Yes, provide details / explanation of handicap	
Does the entity have any employees who travel out of state?	
If Yes, provide details / explanation include states and frequency	
Does the entity have any sponsored athletic teams?	
If Yes, provide details / explanation about teams	
Does the entity require physicals as a requirement of employment?	
If Yes, provide details / explanation of physicals	
Has coverage been declined, cancelled or non-renewed in the las thee (3) years?	
If Yes, provide details / explanation of cancelation	
Does the entity provide employee health plans?	
If Yes, provide details / explanation of health plans	
Do any of the entity employees perform work for other entities or businesses?	
If Yes, provide details / explanation of other business	
Does the entity lease any employees?	
If Yes, provide details / explanation of lease	
Do any of the entity employees predominantly work at home?	
If Yes, provide details / explanation including number of employees	
Does the entity have any undisputed and/or unpaid workers' compensation premium?	
If Yes, provide details / explanation of unpaid work comp prem.	

LOSS INFORMATION

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



Year	Company	Policy #	Annual Premium	Mod	# Claims	Amount Paid	Reserve

Entity's Attestation

The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application, questionnaire and any attachments to the application are true, complete and correct to the best of my knowledge; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued.

Authorized Signatory for Entity	Date
Title	Phone Number

