WORKERS COMPENSATION APPLICATION

Company Name: _____ Start Date: _____

Tax ID Number: _____ FEIN/ SSN: _____

Contact Name: _____ Title: _____

Contact Phone # _____ Email: _____

Contractor's License #:_____

Mailing Address: _____

City: _____ State _____ Zip Code:_____

Premises Location: _____

Nature of Business (detailed description of operations): _____

_____

Prior Insurance Carrier: _____ Year business started: _____

Policy #: _____ Effective Dates: _____

Is company canceling coverage? ❑ Yes ❑ No

Please explain if Yes: _____

Total Premium: $_____Any claims in the last 5 years? ❑ Yes ❑ No

* Please provide current valued loss runs including premium paid past 4 years*

Employee payroll figures:

# of Full Time	# of Part Time	Annual Payroll Figures	Job Duty
_____	_____	_____	_____
_____	_____	_____	_____

Owners

Name: _____ Date of Birth: _____

Title/ Relationship: _____ Percentage Owned:_____

Included? ❑ Yes ❑ No

Name: _____ Date of Birth: _____

Title/ Relationship: _____ Percentage Owned: _____

Included? ❑ Yes ❑ No

Supplemental Questions

Are you engaged in any other type of business:	❑ Yes ❑ No
Are sub contractors used? (If yes, _____% of work)	❑ Yes ❑ No
Is a written safety program in operation?	❑ Yes ❑ No
Any prior coverage declined, cancelled, non renewed?	❑ Yes ❑ No
Are employee health plans provided?	❑ Yes ❑ No
Do you install, replace or repair pool motors, pumps, filters, gas heaters and any above ground piping in connection with pools?	❑ Yes ❑ No
Do you replace or repair electrical switches, breakers, pool lights and diving boards?	❑ Yes ❑ No
Do you lease your routes?	❑ Yes ❑ No
Do you obtain workers from a professional employer organization (PEO), employee leasing firm, labor contractor or any third party entity?	❑ Yes ❑ No
Do you obtain temporary workers from other employers?	❑ Yes ❑ No

Please provide the following:

- *A copy of your business license*
- *If you have no employees, please provide a statement on your company letterhead explaining why you are in need of a workers compensation policy.*

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature:_____Date:_____