



## WORKERS' COMPENSATION APPLICATION

Proposed Effective Date \_\_\_\_\_

Legal Named Insured (full name of all companies to be insured under this policy)

DBA \_\_\_\_\_

Entity is:  S Corp  C Corp  Individual  Partnership  Limited Partnership  LLC  Other

If other, please describe: \_\_\_\_\_

Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

FEIN \_\_\_\_\_ Medicare Provider No. \_\_\_\_\_

NPI No. \_\_\_\_\_ Unemployment No. \_\_\_\_\_

VGM MEMBER No. \_\_\_\_\_ OPGA/POINT MEMBER No. \_\_\_\_\_ AAHOMECARE MEMBER No. \_\_\_\_\_

I would also like to receive a competitive quote for the following:

Property  Business Auto  Inland Marine  Crime

Fiduciary  Directors and Officers  Employment Practices Liability

### WORKERS' COMPENSATION APPLICATION

Liability Limit:  \$500K/\$500K/\$500K  \$1M/\$1M/\$1M

\*If Excess limits are desired, underlying auto limits are required to be \$1,000,000

Do officers want to be included in Workers' Compensation insurance?  Yes  No

#### Owner/Officer Information

Owner/Officer Name	Title/Relationship	Percent of Ownership	Duties	Annual Payroll

## Employee Class Code Breakdown

State 1 \_\_\_\_\_

<b>Class Code*</b>	<b>Job Description</b>	<b>Estimated Annual Payroll</b>	<b>No. Full-time Employees</b>	<b>No. Part-time Employees</b>
8810	Clerical Office Employees			
8742	Salespersons or Collectors - Outside			
8832	Physician & Clerical			
7380	Drivers, Chauffeurs, Messengers, and Their Helpers - Commercial			
8017	Store: Retail			
8835**	Home, Public, and Traveling Healthcare – All Employees			
8010	Store: Hardware			
4693	Pharmaceutical or Surgical Goods Mfg.			
3724	Electrical Apparatus Installation or Repair & Drivers			
8018	Store: Wholesale			
8833	Hospital Professional Employees			
8871	Clerical Telecommuter Employees			
8045	Store: Drug Retail			

*If the above class codes are not applicable to your state, the codes will be revised by our office accordingly.*

State 2 \_\_\_\_\_

<b>Class Code*</b>	<b>Job Description</b>	<b>Estimated Annual Payroll</b>	<b>No. Full-time Employees</b>	<b>No. Part-time Employees</b>
8810	Clerical Office Employees			
8742	Salespersons or Collectors - Outside			
8832	Physician & Clerical			
7380	Drivers, Chauffeurs, Messengers, and Their Helpers - Commercial			
8017	Store: Retail			
8835**	Home, Public, and Traveling Healthcare – All Employees			
8010	Store: Hardware			
4693	Pharmaceutical or Surgical Goods Mfg.			

3724	Machinery or Equipment Erection or Repair			
8018	Store: Wholesale			
8833	Hospital Professional Employees			
8871	Clerical Telecommuter Employees			
8045	Store: Drug Retail			

**\*\*Additional questions required**

If there are additional states and payroll to report, provide spreadsheet with information indicated above for each state.

**Historical Insurance Information**

Current Carrier(s) and Premium \_\_\_\_\_

What is your current experience modification number? \_\_\_\_\_

Please attach your experience modification worksheet (page in your current policy).

Have you had any Workers' Compensation claims in the past five years?  Yes  No

\*If yes, please provide a copy of your loss runs for the past five years.

Has your coverage been canceled/non-renewed in the past three years?  Yes  No  N/A

(Respond only if state law permits) If yes, please explain \_\_\_\_\_

**Exposure Information**

Does your company use subcontractors?  Yes  No

**If subcontractors are used, you are required to obtain and file certificates of insurance from each subcontractor.**

Does your company provide employee health plans?  Yes  No

Does your company engage in the operations of leasing employees?  Yes  No

Does your company have past, present, or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting hazardous material?  Yes  No

Does your company own, operate, or lease aircraft or watercraft?  Yes  No

Does your company have a formal safety program?  Yes  No

If yes, who is responsible for managing the program? \_\_\_\_\_

If yes, is the training  Formal/Documented  Informal  Other \_\_\_\_\_

Does your company have a formal return to work program?  Yes  No

If yes, does it include salary continuation?  Yes  No

Do your employees receive a safety training orientation?  Yes  No

What is the turnover rate of employees? \_\_\_\_\_%

Do employees use personal vehicles for company business?  Yes  No

Does your company have any out of state, international, or overnight (within state) travel?  Yes  No

If yes, provide details on purpose of travel, who, where, the duration, and frequency \_\_\_\_\_

Does your company provide paid sick leave?  Yes  No

Does your company provide paid vacation?  Yes  No

Does your company provide a retirement/pension plan?  Yes  No

If yes, does your company contribute?  Yes  No

Does your company provide group medical?  Yes  No

If yes, name the healthcare provider \_\_\_\_\_

If yes, provide the percentage of employees enrolled \_\_\_\_\_%

If yes, provide the percentage paid by your company \_\_\_\_\_%

Does your company use a specific medical provider to treat insured employees?  Yes  No

Does your company currently participate in a MPN (Medical Provider Network)?  Yes  No

If yes, provide the name of the MPN \_\_\_\_\_

Does your company use written applications?  Yes  No

Does your company do reference checks?  Yes  No

Does your company do pre-hire drug testing?  Yes  No

Does your company do post-accident drug testing?  Yes  No

Does your company do pre/post-employment physicals?  Yes  No

Does your company document pre-existing injuries in personnel files?  Yes  No

Does your company have a formal written accident report?  Yes  No

Does your company have a set procedure for reporting claims?  Yes  No

Provide the average claim reporting time \_\_\_\_\_

Does your company provide job specific training?  Yes  No

Does your company have an employee orientation program?  Yes  No

If yes, is the orientation  Verbal Only?  Verbal and documented?

Does your company have any interchange of labor?  Yes  No

If yes, please explain  Another business  Subsidiary  Between departments  Other \_\_\_\_\_

Are your company owners active in daily operations?  Yes  No

Has your company had loss control services performed in the last year?  Yes  No

Has your company had Cal/OSHA visit in the last year?  Yes  No

If yes, provide explanation in a separate document.

Does your company have a safety director or risk manager?  Yes  No

If yes, provide their name and title \_\_\_\_\_

If yes, is the position full time or an additional responsibility of another employee? \_\_\_\_\_

Does your company have MSDS available for all chemicals and products used?  Yes  No  N/A

Does your company have any material handling exposures?  Yes  No

If yes, explain & answer the following questions \_\_\_\_\_

Does your company provide forklift training?  Yes  No

Does your company have annual certification?  Yes  No

Does your company have all machinery/equipment properly guarded?  Yes  No

Does your company have any use of Baler equipment?  Yes  No

What is the condition of your company's equipment?  New  Good  Average

Does your company train/certify all equipment operators?  Yes  No

Provide your company's maximum height at which your employees work \_\_\_\_\_

What type of lift is used?  Ladder  Scaffolding  Scissor Lifts  N/A

Does your company have written lock out/tag out/block out procedures in place?  Yes  No  N/A

Does your company have a respiratory program in place?  Yes  No  N/A

Does your company provide personal protective equipment (PPE)?  Yes  No

If yes, does your company have strict enforcement of utilization?  Yes  No

If yes, what types of PPE are provided? \_\_\_\_\_

Does your company have a written blood born pathogen program?  Yes  No

Does your company repair any products? Yes No If yes, explain: \_\_\_\_\_

**\*\*Driving Exposure Information – Complete if employees perform any driving of owned company, leased/rented, or personal vehicles**

Do your employees drive out of state?  Yes  No

What is the average daily radius of operations?  <50  50-200  200+

What is the maximum radius of operations? \_\_\_\_\_miles

Do you perform MVR checks?  Yes  No If yes, how often? \_\_\_\_\_

Does your company have a formal distracted driving policy in place?  Yes  No

How many automobiles does the company own (not including trailers)? \_\_\_\_\_

What is the maximum weight manually lifted? \_\_\_\_\_lbs.

If greater than 40 lbs., what types of supplemental lifting devices are used? \_\_\_\_\_

Are vehicles company-owned?  Yes  No If yes, types of vehicles? \_\_\_\_\_

Are vehicles taken home?  Yes  No If yes, Number of vehicles? \_\_\_\_\_ Number of drivers? \_\_\_\_\_

Does your company have a vehicle/fleet maintenance program?  Yes  No

If yes, who does the servicing?  Outside vendor  In-house mechanics  Other

Does your company provide group transportation for employees?

If yes, how is it provided?  Car  Truck  Van  Bus

If yes, number of employees transported per vehicle? \_\_\_\_\_

Do you have a written plan to deal with employees who have poor driving records?  Yes  No

Do your employees transport patients?  Yes  No If yes, how often? \_\_\_\_\_

Do your employees deliver to patients' homes?  Yes  No If yes, how often? \_\_\_\_\_

Does your company transport oxygen?  Yes  No

If yes, list the type of tanks delivered on average per vehicle per day \_\_\_\_\_

If yes, explain the procedures in placed for securement while being transported \_\_\_\_\_

**\*\*Only complete the section below if Home Health Exposure (Class 8835) is present:**

Number of shifts? \_\_\_\_\_

Does your company ever allow employees to work more than three consecutive 12-hour shifts?

What are your hours of operation? \_\_\_\_\_

Is there ever 24 continuous hours of care in a client's home?  Yes  No

Is your company affiliated with a franchise  Yes  No If yes, what franchise? \_\_\_\_\_

What types of services are provided? \_\_\_\_\_

Does your company have any volunteer workers  Yes  No If yes, how many? \_\_\_\_\_

Do any of your employees work from home  Yes  No

What percentage of patients are bedridden? \_\_\_\_\_%

Is a PUC/DMV filing required?  PUC  DMV  N/A

List the number of employees who live or work out of state: Live \_\_\_\_\_ Work \_\_\_\_\_

What is the average number of patients seen per day, per employee? \_\_\_\_\_

Are all employees given combative patient training?  Yes  No

Is slip resistant footwear provided and enforced?  Yes  No

Are employees trained in the following? (Check all that apply)

Proper Lifting Techniques  Passenger Assistance  Defensive Driving Techniques  None of the above

How are employees paid?  Hourly  Piece rate  Commission  Flat salary

Please provide the number of W-2s issued in the last year? \_\_\_\_\_

Percentage of union employees \_\_\_\_\_% Percentage of non-union employees \_\_\_\_\_%

Does your company provide CPR training?  Yes  No If yes, provide the number of employees certified \_\_\_\_\_

Provide the actual hourly wage for employees in governing class \$ \_\_\_\_\_/hour

Does your company do orthopedic back testing?  Yes  No

Does your company do audio hearing tests?  Yes  No

Does your company have formal job descriptions on file?  Yes  No

Please provide your company's employee to supervisor ratio.  Better than 4-1  5-1  6-1  7-1  >7-1

Please provide the number of years your company has been at its current location \_\_\_\_\_

Please provide the age of your company's occupied building \_\_\_\_\_

Is your company's building/premises  Owned  Leased

Please provide the condition of your company's building/premises  Excellent  Very good  Average

Is your company a licensed facility?  Yes  No If yes, explain: \_\_\_\_\_

Is your company accredited by CARF (Commission on Accreditation of Rehabilitation Facilities)?  Yes  No

Does your company treat HIV and/or AIDS?  Yes  No

Does your company have patient/resident handling or lifting equipment?  Yes  No

Does your company have written patient/resident handling protocols?  Yes  No

Does your company provide ongoing in-service training?  Yes  No If yes, how often? \_\_\_\_\_

Does your company provide food service?  Yes  No If yes, explain: \_\_\_\_\_

Percentage of ambulatory residents/patients \_\_\_\_\_% Percentage of non-ambulatory residents/patients \_\_\_\_\_%

Please indicate the percentage of operations in each of the following categories or mark not applicable  N/A

Abortion Clinic \_\_\_\_\_% Acupuncture/Acupressure \_\_\_\_\_% Blood Bank/Donor Clinic \_\_\_\_\_%

Drug/Alcohol Rehabilitation Treatment Clinic \_\_\_\_\_% Family Practice \_\_\_\_\_% Industrial Clinic \_\_\_\_\_%

Med Lab/Testing \_\_\_\_\_% Specialist \_\_\_\_\_% Mobile Operations \_\_\_\_\_% Urgent Care Clinic \_\_\_\_\_%

Walk-In Clinic \_\_\_\_\_% Weight Control Clinic \_\_\_\_\_%

Please indicate the percentage of staff in each of the following categories or mark not applicable  N/A

Physician/MD \_\_\_\_\_% PhD \_\_\_\_\_% Psychiatrist \_\_\_\_\_% Psychologist \_\_\_\_\_%

Physician's Asst. \_\_\_\_\_% Nurse Practitioner \_\_\_\_\_% RN \_\_\_\_\_% Licensed Voc. Nurse \_\_\_\_\_%

CNA \_\_\_\_\_% Social Worker \_\_\_\_\_% Counselor \_\_\_\_\_% Dietary \_\_\_\_\_% Dentist/Surgeon \_\_\_\_\_%

Registered Dental Asst. \_\_\_\_\_% Dental Hygienist \_\_\_\_\_% Chiropractor \_\_\_\_\_% Physical

Therapist \_\_\_\_\_% Physiotherapist \_\_\_\_\_% Occupational Therapist \_\_\_\_\_% Administrative \_\_\_\_\_%

## **FRAUD WARNING**

**YOUR APPLICATION CANNOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY, INCLUDING READING AND EXECUTION OF THE WARRANTY AND FRAUD STATEMENTS CONTAINED BELOW.**

**Applicant's warranty statement:** The undersigned states, represents and warrants that, to the best of his/her knowledge and belief and upon reasonable inquiry, the particulars and Statements set forth and the information contained in documents, if any, attached to this Application are true and accurate and agree that such particulars, statements and information are material to the acceptance of any risk assumed by the Company. The undersigned further declares and agrees that, if any claim, incident or event taking place prior to the effective date of any insurance applied for pursuant to this Application may render inaccurate, untrue or incomplete any statement, particular, or information contained in or attached to the Application, he or she will, as a condition to the effectiveness of any insurance issued pursuant to this Application, immediately report such in writing to the Company, and the Company may in its sole discretion withdraw or modify any outstanding quotations, proposed terms and/or any authorization or agreement to bind the insurance. The signing of the Application does not bind the applicant to purchase the insurance, nor does the review of the Application by the Company bind the Company to issue a policy. It is understood that the Company is relying on the Application and all attachments thereto in the event the policy is used. It is agreed that this Application, including any attachments thereto and material submitted therewith, shall be the basis for the issuance of any policy as to which this Application applies and the Application and any attachments thereto may be attached to and become a part of the policy issued.

Any person who knowingly and with intent to defraud any insurance company or other entity or person submits 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 to the Application, statement of claim or any other submission, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## **SPECIFIC STATE FRAUD WARNINGS:**

### **PLEASE CAREFULLY REVIEW THE BELOW WARNING THAT IS APPLICABLE TO THE APPLICANT**

**APPLICABLE IN CT, GA, HI, IL, IA, MA, MI, MS, MO, MT, NE, NV, NC, ND, SC, SD, VT, WI & WY:** Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit with the intent to defraud or deceive any insurer is guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits

**APPLICABLE IN ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. Workers Compensation: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining workers compensation benefits for himself or herself or any other person is guilty of a Class C felony.

**APPLICABLE IN ALASKA:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**APPLICABLE IN ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**APPLICABLE IN ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**APPLICABLE IN COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

**APPLICABLE IN INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**APPLICABLE IN KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**APPLICABLE IN LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**APPLICABLE IN MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



**APPLICABLE IN MINNESOTA:** A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**APPLICABLE IN NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**APPLICABLE IN NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**APPLICABLE IN NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**APPLICABLE IN NEW YORK:** GENERAL: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**APPLICABLE IN OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**APPLICABLE IN PENNSYLVANIA:** GENERAL: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**APPLICABLE IN RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**APPLICABLE IN TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**APPLICABLE IN VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**APPLICABLE IN WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICABLE IN WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The above has been read and understood by the Applicant.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

(Must be signed by a principal, partner or officer of the Applicant who is duly authorized to execute this Application on behalf of and as binding on the Applicant)