

Worker's Compensation Supplemental Application

Business Name _____

Address _____

Federal ID #: _____ Years in Business: _____

Ownership:

- Individual Partnership Corporation
 Subchapter "S" Corp LLC Other _____

Officer/Partner Name	Corporation		Duties	Working or Paid	Coverage Requested	Est. Annual Payroll
	Officer Title	% Owned		Yes / No	Yes / No	

Locations

1. _____
2. _____
3. _____

Employees:

Date First Employee Hired _____

<u>Full Time</u>	<u>Part Time</u>	<u>Description of Duties</u>	<u>Location</u>	<u>Est. Payroll</u>

Prior Carrier Information/Loss History:

<u>Year</u>	<u>Carrier & Policy #</u>	<u>Annual Premium</u>	<u>MOD</u>	<u>#Claims</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Nature of Business/Description of Operations:

General Information: (explains all yes responses)

1. Do you own, operate or lease aircraft/watercraft? YES NO
2. Do/have past, present or discontinued operations involve(d) storage, treating, discharging, applying, disposing or transporting of hazardous material? YES NO
3. Any work performed underground or above 15 feet? YES NO
4. Any work performed on barges, vessels, docks, bridge over water? YES NO
5. Is applicant engaged in any other type of business? YES NO
6. Are sub-contractors used? (if yes give % of work subcontracted) YES NO
7. Any work sublet without certificates of ins.? YES NO
8. Is written safety program in operation? YES NO
9. Any group transportation provided? YES NO
10. Any employees under 16 or over 60 years of age? YES NO
11. Any seasonal employees? YES NO
12. Is there any volunteer or donated labor? YES NO
13. Any employees with physical handicaps? YES NO
14. Do employees travel out of State? YES NO
15. Are Athletic teams sponsored? YES NO
16. Are Physicals required after offers of employment are made? YES NO
17. Any other insurance with this insurer? YES NO
18. Any prior coverage declined/ cancelled/non-renewed (last 3 years)? YES NO
19. Are employee health plans provided? YES NO
20. Is there a labor interchange with any other business/subsidiary? YES NO
21. Do you lease employees to or from other employers? YES NO
22. Do any employees predominantly work at home? YES NO
23. Any tax liens or bankruptcy within last 5 years? YES NO
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). YES NO