

Worker's Compensation Application

Named Insured: _____

Mailing address: _____

Individual _____ Partnership _____ Corporation _____ LLC _____ Other _____

Expiration Date: _____ Federal I.D. Number: _____

How many years have you been in business? _____

Name of person to contact? _____

Telephone: _____ Fax: _____ Email: _____

Description of Operations: _____

Locations

Street, City, County, Zip Code

Rating Information

State	Loc#	Class Code	Classification	# Ee's	Annual Payroll
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Continued on next page.....

Experience Modification Factor: _____

Prior Coverage – Provide Complete Information For Past 5 Years

Insurance Co. _____ Expiration Date _____
Policy # _____ Premium \$ _____
Insurance Co. _____ Expiration Date _____
Policy # _____ Premium \$ _____
Insurance Co. _____ Expiration Date _____
Policy # _____ Premium \$ _____
Insurance Co. _____ Expiration Date _____
Policy # _____ Premium \$ _____
Insurance Co. _____ Expiration Date _____
Policy # _____ Premium \$ _____

Please List ALL Owners, Partners, Officers, Relatives To Be Included/Excluded

Name _____	Title _____		
% Of Ownership _____	Remuneration _____	Include/Exclude _____	
Name _____	Title _____		
% Of Ownership _____	Remuneration _____	Include/Exclude _____	
Name _____	Title _____		
% Of Ownership _____	Remuneration _____	Include/Exclude _____	
Name _____	Title _____		
% Of Ownership _____	Remuneration _____	Include/Exclude _____	

Continued on next page.....

General Information – Explain all “YES” responses in space provided below

1. Does applicant own, operate or lease aircraft/watercraft?	Yes	No
2. Do/have past, present or discontinued operations involve(d) storing, 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 insurance?	Yes	No
8. Is a 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 during 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 from home?	Yes	No
23. Any tax liens or bankruptcy within last 3 years?	Yes	No
24. Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises? If yes, explain.	Yes	No

Remarks:

Required Attachments:

1. 5 Years Currently Valued Loss Runs (dated within last 60 days)
2. Details of All Losses in Excess of \$5,000
3. Copy of Current Worker’s Compensation Policy
4. Experience Modification Worksheet

Applicant Signature: _____ **Date:** _____

We CANNOT Quote Without All the Above Information. Our Companies Require at Least 30 – 45 Days for Quotations.

Please return this completed form via FAX to Brennan & Stuart Inc., Attn: Jenny Wick

FAX #: 815-223-0999