CPRO ASSOCIATES

Nonsubscription Application

Type of Proposal Requested:
- ☐ *Occupational Accident w/Legal*
- ☐ *Occupational Accident only*

(Please Type Information)

Applicant's Name _____ Requested Effective Date _____

Texas Physical Address (NO P.O. Box) _____ City _____ State _____ Zip _____

Number of years in business _____ Website _____ Year of workers' comp rejection _____

Detailed description of operations: _____

Business Type: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC Tax ID: _____

List any Owners, Officers or Partners to be excluded (use separate sheet if necessary): _____

On a separate sheet list all affiliates to be covered including Tax ID#.

☑ Yes by any of the following that apply. If not checked YES, applicant represents and warrants the answer is "No".
If yes, please explain with detail, Use separate sheet as necessary.

☐ YES	Has there been any OSHA violations in the past 3 years?
☐ YES	Maximum weight of material loaded without assistance exceeds 50lbs?
☐ YES	Do Employee's drive forklifts? If yes, are they certified ☐ YES
☐ YES	Is outside work performed over 24 feet?
☐ YES	Transportation of goods in excess of 250 miles one way? If yes, include commodities hauled.
☐ YES	Hazardous materials transported, handled or stored?
☐ YES	Is there non-commerical Aircraft/Watercraft exposure?
☐ YES	Does applicant have a formal written safety plan, pre-screening program and employee training?
☐ YES	If currently a non-subscriber, ALL employees have acknowledged receipt of the ERISA Plan and mandatory arbitration?
☐ YES	Has workers comp or occupational accident coverage ever been canceled, refused or non-renewed?

DETAIL answer to all "YES" answers (use separate sheet as necessary) _____

# of Employees W2	# of Employees 1099	Classification Code	Annual Payroll by Class (unlimited)	Description

Current Worker's Comp or Accident Premium $ _____ Current Insurer and SIR: _____

Current Experience Modification Rate: _____

BENEFITS TO BE QUOTED:

EL Limits: Please Select

SIR: Please Select
($1,000 - $1,000,000 SIR available)

AD&D Limits: Please Selec
($100,000-$250,000 limits available)

Benefit Period: Please
(106 - 260 weeks) benefit period available

Weekly Disability Limit: Please Se
($600-$1000) benefit available

Waiver of Subrogation?: ☐ Yes ☐ No
(additional premium of 2%+)

Applicant acknowledges that:(a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely on the information provided in this application, and attached data, in considering whether to provide insurance coverage; and (c) this application shall become a material and integral part of the policy and the statements made herein shall be construed as your representations and warranties.

Applicant Signature: _____ Date:_____