



## Workers' Compensation Request

Contact Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_--\_\_\_\_\_

Company Name: \_\_\_\_\_

Corporation     LLC     Individual     Partnership     Non-Profit

Other \_\_\_\_\_

Brand or Label: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

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

### **Management**

Years in business: \_\_\_\_\_  New Venture     Home based business

Describe business experience in this industry: \_\_\_\_\_

Does applicant currently carry Insurance?  Yes     No

Expiration Date \_\_\_\_\_ Carrier \_\_\_\_\_

Any prior insurance claims or losses submitted to insurance past 4 years?  No

Yes, date and amount: \_\_\_\_\_

Any prior bankruptcy  No     Yes    If yes, when: \_\_\_\_\_

**Officers/Ownership**

<u>Name &amp; Title</u>	<u>Ownership</u>	
	<u>Percentage</u>	<u>Include or Exclude</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Payroll Estimates**

**Job Duty Codes:**

- 2501: Clothing Manufacturing**
- 8032: Stores, Wholesale Clothing**
- 8017: Stores, Retail Clothing**
- 8810: Clerical Office Employees**
- 8742: Salespersons Outside, Collectors, Messengers**

<u>Code</u>	<u>Number of Employees</u>	<u>Annual Payroll Estimate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**UNDERWRITING**

- 3) **Employee Benefits**  None
- A. **Health & Disability**  No  Yes
- Health Insurance Carrier:** \_\_\_\_\_
- B. **Probationary Period for new hires:** \_\_\_\_\_
- C. **Percentage of premium employer pays:** \_\_\_\_\_% for employee  
 \_\_\_\_\_% for dependents
- D. **Percentage of total employees on the plan:** \_\_\_\_\_
- E. **Sick Leave Days** \_\_\_\_\_ # Days Paid \_\_\_\_\_ # Days Unpaid
- F. **Vacation Days** \_\_\_\_\_ # Days Paid \_\_\_\_\_ # Days Unpaid

ISU INSURANCE SERVICES–KULCHIN ROSS AGENCY dba: Apparelinsurance.com  
 18757 Burbank Blvd., #104, Tarzana, CA 91356 License OH64840  
 818-996-0900 / Fax: 818-479-9779 / Bill@Apparelinsurance.com

- 4) **Safety Program**
  - A. **Do you have a Program?**  Yes  No
  - B. **Incentive Program**  Yes  No
  - C. **Written Safety Program**  Yes  No
  - D. **Machinery guards**  Yes  No  N/A
  
- 5) **Hiring & Screening**
  - A. **Applications Used**  Yes  No
  - B. **References Checked**  Yes  No
  - C. **Physical Exams**  Yes  No
  - D. **Drug Testing**  Yes  No
  
- 6) **Return to Work Program**  Yes  No
  
- 7) **Union Labor**  Yes  No
  
- 8) **Staffing**
  - \_\_\_\_\_ **Average Number of Employees**
  - \_\_\_\_\_ **Total Number of W2's for yr.end**
  
- 9) **Subcontractors**  Yes  No
  - Certify workers' comp. to you**  Yes  No
  
- 10) **Sponsor Athletic Teams**  Yes  No
  
- 11) **Out of State Travel**  Yes  No
  
- 12) **Watercraft or Aircraft owned, leased or operated**  Yes  No
  
- 13) **Prior Insurance Carrier:** \_\_\_\_\_
  
- 14) **Any claims or losses 4 years:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Dated:** \_\_\_\_\_