

WORKERS COMPENSATION APPLICATION

- Company name
- Business mailing address
- Description of business
- Description of Operations *(must be at least 10 words)*
- Owner Name
- Owners Address
- Business Phone Number
- Business Email?
- Ownership %?
- EIN Number
- Limits Of Insurance
- Years of Experience
- Year the Business was Established
- Website
- Do you have employees or planning to hire?
- How many FT and PT Employees?
- Do you have prior coverage? *(Type and Limits)*
- Is the owner directly involved in day-to-day operations? *(Yes or No)*
- What is the applicant's annual employee turnover rate? *(10% 10-25% 26-35% 36-50% 51-100%)*
- Are benefits provided for employees? Is drug testing required of employees pre-employment? *(Yes or No)*
- Does the applicant have a minimum of 10 years experience in the industry of business? *(Yes or No)*
- Are there formal accident investigation procedures in place? *(Yes or No)*
- Is the supervisor to employee ratios low *(1 sup / 12 or fewer employees)?*
- Is there a return to work program in place? *(Yes or No)*
- Is there a written safety program/policy? *(Yes or No)*
- Is there a safety committee or designated safety manager? *(Yes or No)*
- Are regular safety meetings held with employees? *(Yes or No)*
- How often does the business clean employee work areas, common areas and/or public areas? *(Daily Weekly Never)*
- Does the business offer a formal orientation or training program? *(Yes or No)*
- Any work performed underground or above 15 feet? *(Yes or No)*
- Are subcontractors used? *(Yes or No)*
- Any group transportation provided? *(Yes or No)*
- Any employees under 16 or over 60 years of age? *(Yes or No)*

- Any seasonal employees?(Yes or No)
- Do employees travel out of state?(Yes or No)
- Any other insurance with this insurer?(Yes or No)
- Does your business have any other insurance policies? (Type and limits)
- Any prior coverage declined/canceled/non-renewed/expired (last 3 yrs.)?(Yes or No)
- Do any employees perform work for other businesses or subsidiaries?(Yes or No)
- Any tax liens or bankruptcy within the last 5 years?(Yes or No)
- Any undisputed and unpaid workers compensation premium due from you or any company managed or owned enterprises?(Yes or No)