

Workers' Compensation Application (Acord 130) Transmittal Sheet

Forward new business submissions with this completed form to Michelle St. Angelo at mstangelo@massagent.com or contact her for questions at 508-634-7364

Named Insured:	
Requested Effective Date:	
Select Quote/Binding Option:	
Provide a quote and wait for request to bind.	
Quote is NOT needed. Please bind coverage and provide binder.	
Agency Contact Name	
Contact's Email:	
Agency City/Town:	

Application Instructions:

On application be sure to complete/include the below information:

- Agency Name, Address, Phone & Email
- Applicant/Client Name (include DBA), Phone Number (required) & Mailing Address
- Yrs. in Business
- Type of Business: Individual, Corp, etc.
- FEIN
- Proposed Effective Date
- Part 1 States
- Part 2 Employer's Liability Limits
- Detailed description of business outlining duties of all staff and website.
- Complete ALL General Information questions and explain any YES answers under Remarks!
- Rating Information by location: Class Code, Phraseology, # Employees, Payroll

Owners & Officers Included / Excluded:

- All owners and officers must be listed, whether included or NOT!
- Provide Title, Ownership %, request to Include/Exclude, Class Code, and Payroll.
- Sole Proprietors, Partners/LLC Members are AUTOMATICALLY EXCLUDED!
 - To Include: provide signed "Letter of Inclusion" on insured's letterhead.
 - Minimum/Maximum Payroll is \$61,700 effective October 1, 2021.
- Corporations AUTOMATICALLY INCLUDE all "active" officers
 - To Exclude: must have at least 25% ownership and Approved DIA Form 153.
 - Minimum Payroll: \$14,040 / Maximum Payroll: \$70,200 effective October 1, 2021.

Prior Coverage:

- Provide prior carrier(s) if applicable.
- Provide reasons if no prior coverage (e.g., new business, adding employees)

4 Years Loss Runs:

- Required by The Hartford and Norfolk & Dedham if there were any claims within past three (3) years.
- Alternative Market requires

Signatures:

• Insured AND agent signatures required on the application.

AC	CORD®	W	ORKERS	CO	N	IPENSA	TI	ON		APPLI	CA	TIC	N		DA	TE (MM/DD/YYYY)
AGENO	Y NAME AND ADD	RESS			COI	MPANY:								•		
					UNI	DERWRITER:										
				L	APF	PLICANT NAME:										
				L	OFF	ICE PHONE:					MOBIL	E PHON	IE:			
					MAI	LING ADDRESS (inclu	ding 2	ZIP + 4 o	r C	anadian Postal Co	ode)	YRS IN	I BUS:			
												SIC:				
	JCER NAME:											NAICS				
	PRESENTATIVE											WEBSI ADDRI				
(A/C, N	E PHONE o, Ext)				E-M	AIL ADDRESS:	_									
MOBIL PHONE	:					SOLE PROPRIETOR		CORPO	OR/	ATION		LLC		Ш.	TRUS	ST
FAX (A/C, N	o):					PARTNERSHIP		SUBCH	IAF	PTER "S" CORP		JOINT	VENTURE		OTHE	R
È-MAIL ADDRE	SS:				BUF	DIT REAU NAME:							ID NUMBE			
CODE:		SUB C	ODE:		FEC	ERAL EMPLOYER ID	NUME	BER	NC	CCI RISK ID NUMI	BER		EMPLOYE	R REGIS	STRA	AU ID OR STATE TION NUMBER
AGENO	CY CUSTOMER ID:															
STAT	TUS OF SUBM	ISSION				DIT INFORMAT										
	QUOTE	ISSUE POLIC	/ BILL	ING PLA	N	PAYMENT	PLAN	۱	7			AUE	DIT	1		ı
	BOUND (Give date a	nd/or attach copy)		AGENC'	Y BI	LL ANNU	JAL						AT EXPIR	ATION		MONTHLY
ļ	ASSIGNED RISK (Att	tach ACORD 133)		DIRECT	CT BILL SEMI-ANNUAL				SEMI-ANNUAL							
						QUAF	RTER	_Y	%	DOWN:			QUARTER	RLY		
LOC	ATIONS															
LOC#	STREET, CITY, C	COUNTY, STATE, ZI	P CODE													
	OV INFORMAT															
POLI	PROPOSED EFF D		PROPOSED EXP DATE		N	ORMAL ANNIVERSAR	V DA	TING DAT	TE	<u> </u>			RETRO	DIAN		
	TROT GOLD LIT D		THOI COLD EXI DATE			ONMAE AMMVENOAN	1 11/4	IIIIO DAI	٠-	PARTICIF			KEIKO	LAN		
PAR	T 1 - WORKERS					PART 3 - OTHER S	TATE	S INS DI	FDI	NON-PAF		TING UNT/%	OTHER C	OVERAG	FS	
	ENSATION (States)	PART 2 - EMPLOY				- AKT 5 - OTTLEK 5		J 1140 D.	\neg		Airio	0111778			, .	MANAGED
		\$	EACH ACCIDE		_					MEDICAL				∟. & H. UNTARY	. -	CARE OPTION
		\$	DISEASE-POL							INDEMNITY			COM	IP	-	
\$ DISEASE-EACH EM DIVIDEND PLAN/SAFETY GROUP ADDITIONAL COMPANY INFOR					_							FOR	EIGN CC)V		
DIVIDE	IND PLAN/SAPETT C	SKOOF	ADDITIONAL COMPANT	INI OKWI	~ 1 1 1	SI4										
SPECIE	Y ADDITIONAL CO	VERAGES / ENDOP	SEMENTS													
J SFLOI	1 ADDITIONAL CO	VERAGES / ENDOR	OLINE 1113													
TOT	NI ESTIMATE	D ANNIIAL DE	EMIUM - ALL STAT	TE C												
101/	AL ESTIMATEL	J ANNUAL FR	LIVIIUIVI - ALL OIAI	LO												

CONTACT INFORMATION									
\$	\$	\$							
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES							

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD CLAIMS INFO				
CLAIMS				

INDIVIDUALS INCLUDED/EXCLUDED

PART	PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)										
STATE	LOC#	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL		

					STATE RAT	TING WOF	KSHE	ET						
FOR I	MIII TIDI E (STATES	ΔΤΤΔΟΗ Δ	N ADI	DITIONAL PAGE 2 OF									
	IG INFORMA			II ADI	JITIONAL I AGE 2 OI	1111010	/1XIVI							
RATIN	G INFORMA		TATE:			# FMPI	LOYEES			ESTIMATED A	NNUAL		ESTIMATED	
LOC#	CLASS CODE	DESCR CODE	CATEGO	RIES, DU	ITIES, CLASSIFICATIONS	FULL TIME		SIC	NAICS	REMUNERA PAYROL	TION/	RATE	ANNUAL MANUAL PREMIUM	
							-							
										-				
							-							
PREMI	UM													
STATE:			FACTOR		FACTORED PREMIUM					FACTOR		FACTOR	ED PREMIUM	
TOTAL				\$		COLIEDI				-	\$			
DEDUCTI	ED LIMITS BLE		<u> </u>	\$		CCPAP	JLE RATIN	<u> </u>		<u> </u>	\$			
				\$			RD PREMI	IUM			\$			
MODIFIC/	NCE OR MERIT ATION			\$			M DISCOU				\$			
10010NE	DION CLIDONAL			\$			A COUNTY			N/A N/A	\$			
ARAP	D RISK SURCHAR	(GE	<u> </u>	\$		IAAES	ASSESSM	ENIS		IN/A	\$			
TOTAL E	STIMATED ANNU	AL PREMIUN	Л		MINIMUM PREMIUM					OSIT PREMIUM				
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$														

CO POU. P. CO. POU	ROVIDE I	NFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS	SECTION FOR LOSS DETAILS			LOSS RUN ATTACHI	ED	
ENERAL INFORMATION PON TEST OF BUSINESS/DESCRIPTION OF OPERATIONS ECOMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE WORK, SUB-CONTRACTS, MERCANTILE - MERCANNOSE, CUSTOMERS, DELIVERING, SERVICE - TYPE, LOCATION, FARM - ACREAGE, ANMIALS, MACHINERY, SUB-CONTRACTS. ENERAL INFORMATION PURM ALL YES* RESPONSES ODES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? DOMANZE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZANDOUS MATERIAL? (e.g. lendils, wester, find sinks, etc.) ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? IS APPLICANT ENGASED IN ANY OTHER TYPE OF BUSINESS? ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? IS APPLICANT ENGASED IN ANY OTHER TYPE OF BUSINESS? ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (II "YES", payrol for bits work must be included in the State Rating Worksheet on Page 2) IS A WRITTEN SAFETY PROGRAM IN OPERATION?	YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
DO POL #: CO POL #: POL #: CO POL #: POL #: CO POL #: POL # POL #: POL #: POL # POL #: POL # POL # POL #: POL # POL		co:						
POL #: CO: POL #: POL		POL#:						
CO. POL 9:		co:						
POL # CO: POL # CO: POL # CO: POL # TURE OF BUSINESS/DESCRIPTION OF OPERATIONS TURE OF BUSINESS/DESCRIPTION OF OPERATIONS TURE OF BUSINESS/DESCRIPTION OF OPERATIONS COMMENTS AND DESCRIPTION OF OPERATIONS AND PRODUCTS: MANUFACTURING. RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT, CONTRACTOR. TYPE ONA, SUB-CONTRACTS, MERCANTLE - MERCHAMMER, CUTTOMERS, DELIVERES, SERVICE - TYPE, LOCATION, FARM - AGREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. NERAL INFORMATION LAIM ALL "YES RESPONSES SOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFTWATERCRAFT? COMMANDE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF MACARDOUS MATERIAL? (o.g. Isindillis, wisdillis, wisdi		POL #:						
CO: POL #: DOL #: DO		CO:						
POL 9: CO. POL 9: TURE OF BUSINESS/DESCRIPTION OF OPERATIONS COMMENTS AND BESCRIPTORS OF BUSINESS, DESCRIPTION AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE VORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. NERAL INFORMATION LAIN ALL "YES" RESPONSES OLES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? DOHANCE PAST, PRESENT OR DISCONTRINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF IAZARDOUS MATERIAL? (e.g. landfills, wisters, fuel tisses, etc.) NY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? INV WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? INV WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? INV WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? INV WORK SUBJECT WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) SAWRITTEN SAFETY PROGRAM IN OPERATION?		POL #:						
CO. POL #: TURE OF BUSINESS/DESCRIPTION OF OPERATIONS ICOMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OWN, SUB-CONTRACTS; MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. NERAL INFORMATION AIN ALL "YES" RESPONSES OES APPLICANT OWN, OPERATE OR LEASE AIRCRAFTWATERCRAFT? DOMAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF ACARDOLUS MATERIAL? (e.g. lawdillis, wastes, fuel laws, etc.) NY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? NY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? S'APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? RE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) NY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheer on Page 2) S'AWRITTEN SAFETY PROGRAM IN OPERATION?		CO:						
POLE TURE OF BUSINESS/DESCRIPTION OF OPERATIONS COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE FORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. NERAL INFORMATION LIAN ALL 'YES' RESPONSES DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? DOHAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF ####################################		POL #:						_
TURE OF BUSINESS/DESCRIPTION OF OPERATIONS COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT: CONTRACTOR - TYPE FORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERES; SERVICE - TYPE, LOCATION, FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. NERAL INFORMATION LAIN ALL - YES - RESPONSES DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? DOHANCE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF 4/2/ARDOUS MATERIAL? (e.g. landfills, westes, fuel tanks, etc) ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? INV WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? S APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? IRE SUB-CONTRACTORS USED? (If 'YES'; give % of work subcontracted) NY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If 'YES', payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?		CO:						
ECOMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE VORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. NERAL INFORMATION LIM ALL 'YES' RESPONSES ORES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? DOHAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF MAZARDOUS MATERIAL? (e.g. landlils, wastes, fuel tanks, etc) NY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? NY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? SAPPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? INV WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) SA WRITTEN SAFETY PROGRAM IN OPERATION?		POL #:						
NERAL INFORMATION AIM ALL "YES" RESPONSES ODER APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? DOUBLAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(ID) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF AZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc.) NY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? INV WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? S APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? RE SUB-CONTRACTORS USED? (If "YES", give % of work subcontraded)) NY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?	TUR	E OF BUSINESS/DESCRIPTION OF OPERATION	NS					
ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? SAPPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? SET SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) NY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) SA WRITTEN SAFETY PROGRAM IN OPERATION?								
DOUMAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF AZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) INV WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? INV WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? S APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? INTERPRETABLE OF INSURANCES (If "YES", give % of work subcontracted) INV WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?							Y	YE
HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? S APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?	OES /	APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT	Γ?]	
HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? S APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?								
HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) IS A WRITTEN SAFETY PROGRAM IN OPERATION?								
ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) IS A WRITTEN SAFETY PROGRAM IN OPERATION?			D) STORING, TREATING, DISCHARGI	NG, APPLYING	, DISPOSING, OR 1	TRANSPORTING OF		L
ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) IS A WRITTEN SAFETY PROGRAM IN OPERATION?	ANY W	ORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?						Г
S APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?							'	
IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) IS A WRITTEN SAFETY PROGRAM IN OPERATION?								
ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?	NY W	ORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVE	R WATER?				1	Г
ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?								Ī
ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?								
ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?	S APP	LICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?						_
ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?								
ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) S A WRITTEN SAFETY PROGRAM IN OPERATION?								
IS A WRITTEN SAFETY PROGRAM IN OPERATION?	ARE SI	JB-CONTRACTORS USED? (If "YES", give % of work subcontracted)						
IS A WRITTEN SAFETY PROGRAM IN OPERATION?								
S A WRITTEN SAFETY PROGRAM IN OPERATION?								
	ANY W	ORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES	S", payroll for this work must be included	in the State Ra	ting Worksheet on P	Page 2)		
ANY GROUP TRANSPORTATION PROVIDED?	S A WI	RITTEN SAFETY PROGRAM IN OPERATION?						
ANY GROUP TRANSPORTATION PROVIDED?								
ANY GROUP TRANSPORTATION PROVIDED?								
	ANY G	ROUP TRANSPORTATION PROVIDED?					1	

11. ANY SEASONAL EMPLOYEES?

12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)

AGENCY CUSTOMER ID:

GENERAL INFORMATION (continued)			
EXPLAIN ALL "YES" RESPONSES			YES NO
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state	e(s) of travel and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?			
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT A	ADE MADE?		
10. ARETHOGOLOREGOINED AFTER OFFEROOF ENFEOTMENT A	AINE MADE:		
17. ANY OTHER INSURANCE WITH THIS INSURER?			
18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED	O IN THE LAST THREE (3)	YEARS? (Not applicable in MO)	
40. ADE EMPLOYEE HEALTH BLANC BROWESS			
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?			
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSE	S OR SUBSIDIARIES?		
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS'	?		
SS. DO ANN EMPLOYEES PREPONINANTLY MORK AT HOMES WINE			
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YE	:S", # of Employees:		
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YE	APS2 (If "VES" places or	pocify)	
23. ANT TAX EIENS ON BANKKOFTOT WITHIN THE EAST TIVE (3) TE	ANO: (II TEO, please s	occity)	
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PR	EMIUM DUE FROM YOU	OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES?	
IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUM			
REMARKS (Attach additional sheets if more space	is required)		
REMARKS (Attach additional sheets if filore space	e is required)		
APPLICABLE IN TENNESSEE AND VERMONT: IT IS	A CRIME TO KNO	WINGLY PROVIDE FALSE, INCOMPLETE OR MISLEA	DING INFORMATION TO
		FOR THE PURPOSE OF COMMITTING FRAUD.	
IMPRISONMENT, FINES AND DENIAL OF INSURANCE			
·		NV NICHE AND COMPANY OF THE COMPANY	
		NY INSURANCE COMPANY OR ANOTHER PERSON	
		ATERIALLY FALSE INFORMATION, OR CONCEALS	
		RETO, COMMITS A FRAUDULENT INSURANCE ACT,	
		IL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, 0	JH, UK, UR, TN or VT; in
DC, LA, ME, VA and WA, insurance benefits may also be	be denied)		
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
·			