



# WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)  
February 1, 2010

AGENCY NAME AND ADDRESS SAMPLE INSURANCE SERVICES 123 Main Street Anytown, CA 90210		COMPANY: UNDERWRITER: APPLICANT NAME: Ronald Edwards DBA: Edwards Catering Services OFFICE PHONE: 310-555-1212 MOBILE PHONE: 310-300-1212 MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) 1025 Chestnut Blvd. Thetown, CA 90210	
PRODUCER NAME: CS REPRESENTATIVE NAME: OFFICE PHONE (A/C, No, Ext) MOBILE PHONE: FAX (A/C, No): E-MAIL ADDRESS:		E-MAIL ADDRESS: red@edscatering.com SOLE PROPRIETOR <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> TRUST <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER <input type="checkbox"/>	
CODE: SUB CODE:		CREDIT BUREAU NAME: ID NUMBER: FEDERAL EMPLOYER ID NUMBER NCCI RISK ID NUMBER OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	
AGENCY CUSTOMER ID:		12-3456789	

<b>STATUS OF SUBMISSION</b>		<b>BILLING/AUDIT INFORMATION</b>	
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<b>BILLING PLAN</b>	<b>PAYMENT PLAN</b>
<input type="checkbox"/> BOUND (Give date and/or attach copy)	<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL <input type="checkbox"/>
		<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>
			<input type="checkbox"/> QUARTERLY % DOWN: <input type="checkbox"/>
			<b>AUDIT</b>
			<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY
			<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>
			<input type="checkbox"/> QUARTERLY

<b>LOCATIONS</b>	
LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
1	1025 Chestnut Blvd., Los Angeles County, Thetown, CA 90210

<b>POLICY INFORMATION</b>					
PROPOSED EFF DATE 03/01/2010	PROPOSED EXP DATE 03/01/2011	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING NON-PARTICIPATING	RETRO PLAN	
<b>PART 1 - WORKERS COMPENSATION (States)</b>	<b>PART 2 - EMPLOYER'S LIABILITY</b>	<b>PART 3 - OTHER STATES INS</b>	<b>DEDUCTIBLES</b>	<b>AMOUNT/%</b>	<b>OTHER COVERAGES</b>
	\$ 1,000,000 EACH ACCIDENT		<input type="checkbox"/> MEDICAL		<input type="checkbox"/> U.S.L. & H.
	\$ 1,000,000 DISEASE-POLICY LIMIT		<input type="checkbox"/> INDEMNITY		<input type="checkbox"/> VOLUNTARY COMP
	\$ 1,000,000 DISEASE-EACH EMPLOYEE				<input type="checkbox"/> FOREIGN COV
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION				
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS					

<b>TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES</b>		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$	TOTAL MINIMUM PREMIUM ALL STATES \$	TOTAL DEPOSIT PREMIUM ALL STATES \$

<b>CONTACT INFORMATION</b>				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	Michelle Kerk	310-555-1212, ext 9		kerk@edscatering.com
ACCTNG RECORD	Michelle Kerk	310-555-1212, ext 9		kerk@edscatering.com
CLAIMS INFO	Ronald Edwards	310-555-1212, ext 3		red@edscatering.com

<b>INDIVIDUALS INCLUDED/EXCLUDED</b>									
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
CA	1	Ronald Edwards	10/25/1954	Owner	75	Operations	Exc		
CA	1	Nancy Rochelle	10/27/1955	Caterer and Part Owner	15	Caterer	Exc		
CA	1	Michelle Kerk	08/12/1988	Admin. Asst. Part Owner	10	Administrative	Exc		



**PRIOR CARRIER INFORMATION/LOSS HISTORY**

AGENCY CUSTOMER ID: \_\_\_\_\_

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
2009	CO: AWC Carrier	\$5,000	.84	0		
	POL #: AWC1234-05					
2008	CO: AWC Carrier	\$6,000	.83	0		
	POL #: AWC1234-04					
2007	CO: AWC Carrier	\$11,000	.90	0		
	POL #: AWC1234-03					
2006	CO: AWC Carrier	\$3,000	.85	1	\$7,000	\$11,000
	POL #: AWC1234-02					
2005	CO: AWC Carrier	\$2,000	.85	0		
	POL #: AWC1234-01					

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS**

**GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.**

Applicant has 25 years of experience in catering services for private events only. Clients are 75% corporate events such as office functions or convention events and 25% are weddings, anniversary parties and/or other private parties. Occasionally when special menu items are requested (such as a sushi bar or specialty pastries) the applicant will sub-contract those items/services.

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ARE SUB-CONTRACTORS USED? (if "YES", give % of work subcontracted)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (if "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ANY GROUP TRANSPORTATION PROVIDED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. ANY SEASONAL EMPLOYEES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (if "YES", please specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	YES	NO
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. ANY OTHER INSURANCE WITH THIS INSURER?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED IN THE LAST THREE (3) YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**REMARKS (Attach additional sheets if more space is required)**

#6: Insured occasionally hires subs for special menu items such as sushi. The insured always obtains certificates of insurance from sub-contractors

#18: 2007 policy was non-renewed by the carrier when the carrier no longer wrote this particular class

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, TN or VT; in DC, LA, ME, VA and WA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner) <i>Ronald Edwards</i>	DATE 02/01/2010	PRODUCER'S SIGNATURE <i>Susan Sample</i>	NATIONAL PRODUCER NUMBER
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