



WORKERS' COMPENSATION INSURANCE APPLICATION



Insurance provided by Member Companies of American International Group, Inc.

APPLICANT'S NAME & ADDRESS				PRODUCER NAME & ADDRESS			
INDIVIDUAL PARTNERSHIP		CORPORATION OTHER		TYPE OF BUSINESS		Years in Business	
FEDERAL I.D. NUMBER		RATING BUREAU I.D. NUMBER		QUOTE BY: ISSUE EFFECTIVE:		TELEPHONE NUMBER FAX NUMBER	
LOCATIONS							
#	STREET / CITY / STATE					SPECIFIC OPERATIONS CONDUCTED:	
1							
2							
3							
4							
5							

POLICY INFORMATION					
PREVIOUS INSURER	POLICY NUMBER	Proposed Eff. Date (MO/DA/YR)	Proposed Exp. Date (MO/DA/YR)	Normal Anniversary Rating Date	MOD.
PREVIOUS COVERAGE INCEPTION AND EXPIRATION					
STATES COVERED	EMP. LIAB. LIMITS \$	PROPOSED STATES COVERED	PAYMENT PLAN	AUDIT PERIOD	
PREVIOUS RATING PLAN <input type="checkbox"/> GUARANTEED COST <input type="checkbox"/> DIVIDEND TYPE _____	<input type="checkbox"/> RETROSPECTIVE <input type="checkbox"/> RETENTION	PROPOSED EMPL. LIAB. LIMITS	<input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	<input type="checkbox"/> EXPIRATION <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY	

RATING INFORMATION							
STATE	CLASS CODE	DUTIES OR CLASSIFICATIONS	NO. OF EMPLOYEES	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM	
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS				TOTAL \$			
<input type="checkbox"/> STOP GAP EMPLOYERS LIABILITY <input type="checkbox"/> VOLUNTARY COMPENSATION <input type="checkbox"/> FOREIGN VOLUNTARY COMPENSATION <input type="checkbox"/> REPATRIATION @ \$5000 LIMIT OTHER LIMIT _____ <input type="checkbox"/> US LONGSHOREMEN & HARBOR WORKERS ACT <input type="checkbox"/> DEFENSE BASE ACT <input type="checkbox"/> OUTER CONTINENTAL SHELF ACT <input type="checkbox"/> MARITIME/JONES ACT _____ \$ LIMITS <input type="checkbox"/> OTHER				EXPERIENCE MODIFICATION			\$
				MODIFIED PREMIUM			\$
							\$
							\$
				PREMIUM DISCOUNT			\$
				TAX/ASSESSMENTS			\$
				EXPENSE CONSTANT			\$
				TOTAL ESTIMATED ANNUAL PREMIUM			\$
				MINIMUM \$		DEPOSIT PREMIUM \$	

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. Remuneration To Be Included Must Be Part Of Rating Information Section.

#	NAME	TITLE/RELATIONSHIP	DUTIES	INC./EXC.	CLASS CODE	PAYROLL
1						
2						
3						
4						
5						
6						

PRIOR EXPERIENCE

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

YEAR	INSURER & POLICY NUMBER	ANNUAL PREMIUM	MOD.	# CLAIMS	AMOUNT PAID	RESERVE	TOTAL

NATURE OF BUSINESS AND DESCRIPTION OF OPERATION

TYPE OF BUSINESS _____

PRIMARY OPERATIONS _____

SECONDARY OPERATIONS _____

ANY OTHER OPERATIONS _____

TYPE AND # OF AIRCRAFT OR EQUIPMENT _____

BASE OF AIRCRAFT OPERATIONS _____

PRIMARY DESTINATIONS OF OPERATIONS _____

ANY OVERSEAS OPERATIONS? DESTINATIONS _____

DESCRIBE ANY SEAPLANE, FLOAT, SKI OR BUSH OPERATIONS _____

ANY ANTIQUE OR EX-MILITARY AIRCRAFT? OPERATIONS _____

ANY EXPERIMENTAL AIRCRAFT OR PUBLIC EXHIBITIONS _____

ANY OTHER UNUSUAL OR UNIQUE OPERATIONS _____

DESCRIBE PILOT QUALIFICATION BY TYPE AIRCRAFT AND/OR OPERATIONS: CONTINUE IN REMARKS IF NECESSARY

1. _____

2. _____

3. _____

GENERAL INFORMATION

PLEASE PROVIDE ALL THE REQUIRED DETAILS FOR "YES" RESPONSES BY USING THE REMARKS AREA BELOW. ATTACH ADDITIONAL SHEET IF NECESSARY.

	YES	NO		YES	NO
(1) Is Any Contract Labor Used? Type? Number? Payroll?			(10) Any Employees Under 16 Or Over 60 Years Of Age? Number? Duties?		
(2) Any Exposure To Explosives? Caustics? Fumes? How Controlled?			(11) Any Part Time Or Seasonal Employees? Number? Duties? When?		
(3) Any Exposure To Radioactive Materials? Hazardous Cargo?			(12) Is There Any Volunteer Or Donated Labor? To Whom? For What?		
(4) Any Work Performed On Barges, Vessels, Docks? Off Shore Oil Rigs?			(13) Any Employees Leased Or Contracted To Others? Explain.		
(5) Is Applicant Engaged In Any Other Type Of Business? Type? Name?			(14) Do Employees Travel Out Of Country? Where? Duration Of Stay?		
(6) Are Contractors Used? For What Part Of Operation?			(15) Are Athletic Teams Sponsored? Type? Location?		
(7) Any Work Contracted Without Certificates Of Insurance? Filed Where?			(16) Are Pre-Employment Physicals Required Other Than FAA Physicals For Pilots?		
(8) Is Formal Safety Program (Other Than FAA) In Effect?			(17) Any Other Insurance With This Insurer? If So Describe Below. Policy #? Effective?		
(9) Any Group Transportation Provided? Aircraft? Ground?			(18) Any Prior Coverage Declined/Cancelled/Non-Renewed (Last 3 yrs.)?		
INSPECTION (CONTACT/PHONE)			ACCOUNTING RECORDS (CONTACT/PHONE)		

REMARKS

FRAUD WARNINGS

NOTICE TO ALL APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OR AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10,365 3613.1)

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

FRAUD WARNINGS CONTINUED

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

X _____
Applicant's Signature Today's Date

(Producer will fill in this information)

Producer _____ Producer's Signature _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____
Email Address _____