



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)
11/01/2009

AGENCY Sample Insurance Services 1234 Main Street Anytown, CA 95330		COMPANY John Smith DBA: Smith's Catering Services		UNDERWRITER	
PHONE (A/C, No, Ext): 209-555-1212		MAILING ADDRESS (including ZIP code) 5678 Center Street Anytown, CA 95330		E-MAIL ADDRESS jsmith@catering.com	
FAX (A/C, No): 209-555-3434		YRS IN BUS 15		SIC	
E-MAIL ADDRESS sally@sampleinsurance.com		<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORP		<input type="checkbox"/> LLC <input type="checkbox"/> OTHER:	
CODE:		CREDIT BUREAU NAME:		ID NUMBER:	
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER 12-3456789		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

STATUS OF SUBMISSION <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give date and/or attach copy) <input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<input type="checkbox"/> ISSUE POLICY		BILLING/AUDIT INFORMATION BILLING PLAN <input type="checkbox"/> AGENCY BILL <input checked="" type="checkbox"/> DIRECT BILL		PAYMENT PLAN <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER: % DOWN:		AUDIT <input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER:	
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LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
1	5678 Center Street, Anytown, South County, CA 95330

PROPOSED EFF DATE 12/01/09		PROPOSED EXP DATE 12/01/2010		NORMAL ANNIVERSARY RATING DATE		<input type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING		RETRO PLAN	
PART 1 - WORKERS COMPENSATION (States)		PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS		DEDUCTIBLES		AMOUNT/%	
\$ 1,000,000 EACH ACCIDENT		\$ 1,000,000 DISEASE-POLICY LIMIT		\$ 1,000,000 DISEASE-EACH EMPLOYEE		<input type="checkbox"/> MEDICAL <input type="checkbox"/> INDEMNITY		<input type="checkbox"/> U.S.L. & H. VOLUNTARY COMP <input type="checkbox"/> FOREIGN COV	
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION							

STATE	LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
					FULL TIME	PART TIME			
CA	1	9008	1	Catering	5	10	500,000		
CA	1	8810	1	Clerical Office Employees	5	3	200,000		

STATE	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM	SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS
TOTAL		\$	EXPENSE CONSTANT	N/A	
INCREASED LIMITS		\$	TAXES / ASSESSMENTS	N/A	
DEDUCTIBLE		\$		\$	
		\$	ESTIMATED ANNUAL PREMIUM	N/A	
EXPERIENCE OR MERIT MODIFICATION	.84	\$			
LOSS CONSTANT	N/A	\$			
ASSIGNED RISK SURCHARGE		\$			
ARAP		\$			
SCHEDULE RATING		\$			
CCPAP		\$	TOTAL EST ANNUAL PREMIUM	N/A	
STANDARD PREMIUM		\$	MINIMUM PREMIUM	\$	
PREMIUM DISCOUNT		\$	DEPOSIT PREMIUM	\$	

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration 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
CA	1	John Smith		Owner	50%	Administration	EXC		
CA	1	Mary Jones		Owner	25%	Caterer	EXC		
CA	1	Lisa Johnson		Owner	25%	Clerical	EXC		

PRIOR CARRIER INFORMATION/LOSS HISTORY

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: State Fund		\$5,000	.84	0			
	POL #: SCIF1234-05							
2008	CO: State Fund		\$6,000	.83	0			
	POL #: SCIF1234-04							
2007	CO: State Fund		\$11,000	.90	0			
	POL #: SCIF1234-03							
2006	CO: State Fund		\$3,000	.85	1	\$7,000	\$11,000	
	POL #: SCIF1234-02							
2005	CO: State Fund		\$2,000	.85	0			
	POL #: SCIF1234-01							

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. MERCHANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES, SERVICE--TYPE, LOCATION, FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Applicant has 15 years of experience providing catering services for private events only. Clients are 75% corporate events such as office parties and conventions and 25% are weddings, anniversary parties and/or other private parties. Occasionally when special menu items are requested such as sushi bar or pastries, the applicant will sub-contract those items/services.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?		X	18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)?		X
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)		X	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		X
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		X	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		X
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		X	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		X	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		X
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)	X		23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS? 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).		X
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS ?		X	CONTACT INFORMATION		
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?		X	IN- SPECTION	PHONE: 209-555-9876 x3	
9. ANY GROUP TRANSPORTATION PROVIDED?		X		NAME: Lisa Johnson	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		X	ACCTNG RECORD	E-MAIL: ljohnson@catering.com	
11. ANY SEASONAL EMPLOYEES?		X		PHONE: 209-555-9876 x3	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		X	NAME: Lisa Johnson		
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		X	E-MAIL: ljohnson@catering.com		
14. DO EMPLOYEES TRAVEL OUT OF STATE?		X	CLAIMS INFO	PHONE: 209-555-9876 x1	
15. ARE ATHLETIC TEAMS SPONSORED?		X		NAME: John Smith	
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		X		E-MAIL: jsmith@catering.com	
17. ANY OTHER INSURANCE WITH THIS INSURER?		X			

APPLICABLE IN TENNESSEE: 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, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

REMARKS (Attach additional sheets if more space is required)

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

18 - 2004 policy was non-renewed by the carrier when the no longer wrote this particular class.

APPLICANT'S SIGNATURE <i>John Smith</i>	DATE 11/01/09	PRODUCER'S SIGNATURE <i>Sally Sample</i>	NATIONAL PRODUCER NUMBER 11/09/09
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