<b>A</b>	СО	<b>RD</b> <sub>™</sub>	W	<b>OR</b>	KERS C	OMP	EN	SA		I A	P	PL			Ν			DATE	
PRODU	CER	PHONE (A/C, No, I	Ext):				COMPAN	NY						UND	ERWRI	TER			
								ANT											
							MAILING ADDRESS (Including ZIP code)												
						-	YRS IN	BUS	SIC		INDIV			CORPO		_		ITED CORP	
CODE:				SUB	CODE:		CREDIT BUREAL				PART				ID NUMBER:	ID NUMBER:			
AGENC	Y CUST	OMER ID					FEDERA	AL EMP	LOYER ID NUN	<b>IBER</b>	M	ICCI ID	NUMBE	R		OTHER RATING	BUREA	U ID OR STATE FION NUMBER	
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		Give date a					GENCY BILL		ANNUAL SEMI-ANNUAL			OTHER:			AT EXPIRATION SEMI-ANNUAL	•  -	OTHER:		
				,													UARTERLY		
LOCA	TION	S																	
# STR	REET, CI	TY, COUNT	Y, STAT	E, ZIP CC	DDE														
POLI	CY INI	FORMA	ΓΙΟΝ																
	PROPO	SED EFF D	ATE		PROPOSED EXP	DATE	NORM	/IAL AN	INIVERSARY R	ATING	DATE	■	PART	ICIPATING		RETRO PLAN	I		
PAR	T 1 - WO	RKERS					P	ART 3	- OTHER STAT	'ES INS	S DEI		_		'ING JNT/%	OTHER COVER	AGES		
		N (States)	\$	2 - EMPLO	OYER'S LIABILITY	ACCIDENT			•						,.	U.S.L. & H		MANAGED CARE OPTION	
			\$			SE-POLICY LIM	ΙΙΤ					INDEMNITY			VOLUNTA COMP				
			\$			SE-EACH EMPL										FOREIGN			
DIVIDE	ND PLAN	N/SAFETY G	SROUP		ADDITIONAL COM	PANY INFORM	ATION												
RATI	NG IN	FORMA																	
STATE	LOC	CLASS C		COM- PANY USE	CATEGO	RIES, DUTIES, C	CLASSIF	ICATIO	NS	FU	MPLO	PYEES ESTIMATED PART ANNUAL TIME REMUNERATION			RATE	RATE ESTIMATED ANNUAL PREM			
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## INDIVIDUALS INCLUDED/EXCLUDED

F	PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)											
#	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION				

## PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE IN	FORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION		LOSS RUN ATTACHED								
YEAR	CARRIER & POLICY NUMBER		AMOUNT PAID RESERVE								
	CO:										
	POL #:										
	CO:										
	POL #:										
	CO:										
	POL #:										
	CO:										
	POL #:										
	CO:										
	POL #:										

## 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.

## **GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO						
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?			16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?								
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING			17. ANY OTHER INSURANCE WITH THIS INSURER?								
OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)? NOT APPLICABLE IN MO								
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			19. ARE EMPLOYEE HEALTH PLANS PROVIDED?								
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?			20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?								
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?								
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)			22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?								
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?								
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?											
9. ANY GROUP TRANSPORTATION PROVIDED?			CONTACT INFORMATION								
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?			IN- PHONE:								
11. ANY SEASONAL EMPLOYEES?			SPECTION NAME:								
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?			ACCTNG PHONE:								
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			RECORD NAME:								
14. DO EMPLOYEES TRAVEL OUT OF STATE?			CLAIMS PHONE:								
15. ARE ATHLETIC TEAMS SPONSORED?			INFO NAME:								
APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COM- PENSATION 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 IN											
OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CON- CERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND INY: SUBSTANTIALI CIVIL PENALTIES. (NOT APPLICABLE IN CO. HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)											
REMARKS	, 01	., 011	, IT ME AND WA, INCOLUNCE DENELTING MAAT ALOO DE DENED								
APPLICANT'S SIGNATURE			PRODUCER'S SIGNATURE								