



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**CLIENT DATA** (attach separate listing of all additional locations)

<b>Name:</b>		<b>Proposed Effective Date</b>	
<b>DBA:</b>		<b>Fed Tax ID:</b>	
<b>Address:</b>		<b># Employed:</b>	
<b>City State, Zip:</b>		<b>Years in Business:</b>	
<b>Key Contact:</b>		<b>Phone:</b>	
<b>Safety Contact:</b>		<b>Fax:</b>	

**Type of Business:**      **Sole Prop.**      **Partnership**      **Corp.**      **Non-Profit**      **L.L.C**      **P.C.**      **L.P.**

**DESCRIPTION OF OPERATIONS:**


**WORKERS COMPENSATION HISTORY** (Three years)

<b>Year</b>	<b>Carrier</b>

**EMPLOYEE INFORMATION** (A separate payroll run may be provided. Provide complete information for each location)

<b>NCCI Class Code</b>	<b># of EE's</b>	<b>Duties</b>	<b>Annual Payroll</b>

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# Subscriber Profile

**General Information** (Provide details for all "Yes" answers)

**yes      no**

<b>A</b>	Does applicant own, operate, or lease aircraft/watercraft?		
<b>B</b>	Any past, present, or discontinued operations which involve exposure to chemicals, painting, or hazardous materials?		
<b>C</b>	Any work performed under, on, or above water?		
<b>D</b>	Any work which may be subject to Jones Act, USL&H, or FELA?		
<b>E</b>	Any work performed underground or higher than 15 feet above ground level?		
<b>F</b>	Is applicant involved in any business other than that specified in the description of operations?		
<b>G</b>	Does employee turnover exceed 30% annually?		
<b>H</b>	Are any employees:      Short-term lease? <input type="checkbox"/> Temporary? <input type="checkbox"/> Seasonal? <input type="checkbox"/>		
<b>I</b>	Any employees under age 16?		
<b>J</b>	Any employees over age 60?		
<b>K</b>	Do employees travel out of state or out of the country? If so, describe scope of travel below.		
<b>L</b>	Are any athletic teams sponsored?		
<b>M</b>	Any group travel, ride-share programs, or tool or vehicle allowances provided?		
<b>N</b>	Are physicals required after offers of employment are made?		
<b>O</b>	Does the radius of vehicle operation exceed 200 miles?		
<b>P</b>	Are MVRs checked on all drivers?		
<b>Q</b>	Is a written safety program in place? (Attach copy.)		
<b>R</b>	Is a drug testing program in effect? (Attach copy.)		
<b>S</b>	Is an early return/modified duty program in place?		
<b>T</b>	Does applicant pay full wages for modified duty work?		

<b>U</b>	<b>Are any subcontractors utilized?</b>		
<b>V</b>	<b>Are all subcontractors and their employees insured for workers compensation?</b>		
	<b>Does applicant keep copies of their certificates of insurance? (Please provide classes and payrolls for all uninsured subcontractors and note that these uninsured subcontractors will be charged premium at the same rate as direct employees.)</b>		
<b>W</b>	<b>Any prior coverage declined, canceled or non-renewed in the past three (3) years?</b>		
<b>X</b>	<b>What percentage of employees is enrolled in a group health plan? _____%</b>		

**ADDITIONAL COMMENTS:**


**Name:** \_\_\_\_\_

Rev. Date 04/21/04