

APPLICATION FOR EXCESS WORKERS COMPENSATION POLICY

1. Name of Applicant: _____
(As shown on Self-Insurance Permit)

2. Address: _____
Street City State Zip

3. Date qualified as self-insured: _____ Approval Dates: _____

4. Insured's federal tax ID number: _____

5. Describe operations to be covered: _____

-Attach Copy of Current annual report:

6. List any states to be covered by this insurance: _____

-Provide Information for each State or Jurisdiction included in proposed coverage (Attach Separate page if necessary).

State	WC Code No.	Classification	Estimated Gross Payroll	Current Manual Rate	Manual Premium
		Total:			

<p>7. Present Program:</p> <p>Carrier: _____</p> <p>Expiration: _____</p> <p>Specific Limits WC: _____</p> <p>EL: _____</p> <p>Retention : _____</p> <p>Rate: _____ Premium: _____</p> <p>Other: _____</p>	<p>Desired Program:</p> <p>Carrier: _____</p> <p>Expiration: _____</p> <p>Specific Limits WC: _____</p> <p>EL: _____</p> <p>Retention: _____</p> <p>Rate: _____ Premium: _____</p> <p>Other: _____</p> <p>Alternate Program: _____ Quote needed by: _____</p>
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11. Provide **10 years** of information on individual losses excess of \$100,000: **(Please use attached sheet if necessary)**

State	Date of Loss	Description of Loss	# of Employees Involved	Total Paid	Total Reserve	Total Incurred	Valuation Date

12. Are there any exposures outside the USA? Yes No

If yes, describe: _____

13. Does Applicant manufacture, produce, refine, store, distribute or transport gasses, gasoline, or flammables? Yes No

If yes, describe:

14. Is the applicant engaged in the production, distribution, handling, or storing of explosives, or explosive substances? Yes No

If yes, describe: _____

15. Does applicant perform underground tunneling or sub aqueous operations? Yes No

If yes, describe: _____

16. Does the applicant perform any operations involving exposure to heights? Yes No

If yes, describe: _____

17. Has the applicant been cited for OSHA violations within the past five years? Yes No

If yes, describe: _____

18. Are there any exposures to toxic chemicals? Yes No

If yes, describe: _____

19. Have there been any significant changes in exposures over the last five years? Yes No

If yes, describe: _____

20. Does the applicant have any employees who may be subject to the Longshoreman and Harbor Workers Act, Jones Act or Federal Employee's Liability Act? Yes No

Unless endorsed the policy does not include federal acts coverage

If yes, describe: _____

21. Do the operations of the applicant include volunteer or donated labor? Yes No

If yes, explain: _____

22. Do any employees receive supplemental benefits in addition to workers' compensation benefits? Yes No

If yes, describe: _____

23. Does applicant own, lease or charter any aircraft? Yes No

If yes, please complete an **aircraft questionnaire**:

24. Does applicant own, lease or charter watercraft? Yes No

If yes, please complete a **watercraft questionnaire**:

25. Supplemental Vehicular Information:

Number of : Cars: _____ Trucks: _____ Tractors: _____ Buses: _____ Other: _____

States in which vehicles operate? _____

Does Applicant Use or provide buses, trucks, or vans to transport employees? Yes No
If yes, list vehicles below including passenger capacity and radius of operation.

Does applicant transport goods for others? Yes No
If yes, indicate type of goods transported, radius of operation and types of vehicles used.

26. Describe applicant's own loss prevention program and medical facilities for treating injuries: _____

How often are engineering inspections performed? _____

27. Provide name of Claims Service Company (If insured is self administered please complete **Self Administration Questionnaire**):

Name of Service Company: _____

Address: _____
Street City State Zip

Contact Person: _____

28. If applicant utilizes Managed Care, complete **Medical Loss Control Questionnaire**.

WARNING: Any person who knowingly 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 also punishable by civil penalties in certain jurisdictions.

Date Applicant's Signature Title