

Application packet to Quote

Acord 130

Contractors Supplemental Application

If losses, please provide loss information



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY NAME AND ADDRESS	COMPANY:		
	UNDERWRITER:		
	APPLICANT NAME:		
	OFFICE PHONE:	MOBILE PHONE:	
	MAILING ADDRESS (Including ZIP + 4 or Canadian Postal Code)		YRS IN BUS:
PRODUCER NAME:	SIC:		
CS REPRESENTATIVE NAME:	NAICS:		
OFFICE PHONE (A/C, No, Ext)	WEBSITE ADDRESS:		
MOBILE PHONE:	E-MAIL ADDRESS:		
FAX (A/C, No):	SOLE PROPRIETOR	CORPORATION	LLC
E-MAIL ADDRESS:	PARTNERSHIP	SUBCHAPTER 'S' CORP	TRUST
CODE:	FEDERAL EMPLOYER ID NUMBER		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER
SUB CODE:	NCCI RISK ID NUMBER		ID NUMBER:
AGENCY CUSTOMER ID:			

STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION		
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
<input type="checkbox"/> BOUND (Give date and/or attach copy)		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL <input type="checkbox"/>	<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY
<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>
			<input type="checkbox"/> QUARTERLY % DOWN:	<input type="checkbox"/> QUARTERLY

LOCATIONS	
LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE

POLICY INFORMATION				
PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING	RETRO PLAN
			NON-PARTICIPATING	
PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES (N / A in WI)	AMOUNT / % (N / A in WI)
	\$ EACH ACCIDENT		<input type="checkbox"/> MEDICAL	<input type="checkbox"/> OTHER COVERAGES
	\$ DISEASE-POLICY LIMIT		<input type="checkbox"/> INDEMNITY	<input type="checkbox"/> U.S.L. & H.
	\$ DISEASE-EACH EMPLOYEE			<input type="checkbox"/> VOLUNTARY COMP
				<input type="checkbox"/> FOREIGN COV
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)				

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
\$	\$	\$

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD				
CLAIMS INFO				

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)									
Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROL

PRIOR CARRIER INFORMATION / LOSS HISTORY

AGENCY CUSTOMER ID: _____

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	
	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	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
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)	
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9. ANY GROUP TRANSPORTATION PROVIDED?	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
11. ANY SEASONAL EMPLOYEES?	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y/N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?	
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	
17. ANY OTHER INSURANCE WITH THIS INSURER?	
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	
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).	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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

IN THE DISTRICT OF COLUMBIA, 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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SCHBSIF CONTRACTORS SUPPLEMENTAL APPLICATION

- HOMEBUILDER % Residential _____
- ARTISAN
- OTHER % Commercial _____

Agency Name: _____

Applicant _____ Effective Date _____

Type of Business _____ Applicant's Cell/Mobile # _____

Has the owner ever been insured or quoted by the SCHBSIF?

Yes No If yes, policy number(s) _____

Do you currently have Workers Compensation coverage in force? Yes No

If yes, who is your current WC carrier? _____ If not in force, please advise last cancellation/expiration date for WC coverage: _____

Are you currently an HBA member? Yes No If so how long have you been an HBA member? _____

Years in Business _____ Years Experience _____ # of Employees _____

Previous FEIN's, DBA's and AKA's _____

Payroll Past Year: Employees _____

Payroll Past Year: Uninsured Subcontractors _____

What type of uninsured subs does the applicant use? _____

Are insured subcontractors allowed to work without providing the applicant with a certificate of insurance?

Yes No If Yes, Details: _____

Do you use any cash, casual labor, or labor services? Yes No If Yes, how many days per year is it used? _____ What is the estimated cost for cash, casual or labor services? _____

If cash services used, how is it documented? _____

Any work performed outside the state of South Carolina? Yes No If Yes, please describe _____

Please describe hiring procedures for employees: _____

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Please complete the following sections as they apply to the applicant. If N/A, please note. Explain all "Yes" responses in remarks.

Fall Protection

1. Is Scaffolding used? Yes No

2. If Yes, to what height? _____

3. Are guard rails used on scaffolding? Yes No

Describe in detail all fall protection used on job site (i.e. guardrails, harnesses, covers, etc.) and under what circumstances they are used: _____

Air Conditioning & Heating

1. Any Boiler Work Done? Yes No

2. Any Asbestos Removal Done? Yes No

Carpentry

1. Any Roofing Done? If "yes", what % _____ Yes No

2. Any Shop Work Done? Yes No

3. Any Renovation Work Done? If "yes", what % _____ Yes No

4. Any Gutting of Interior Load Bearing Walls? Yes No

Electrical Wiring

1. Any Underground Cable Work? Yes No

Excavation & Grading of Land and Septic Tank Installation

1. Depth-typical and maximum _____

2. Type of Excavation: Water Lines Yes No
 Sewer Yes No
 Septic Yes No
 Basements Yes No
 Other _____ Yes No

3. Any Work Done in Streets or Roads? Yes No

4. Are trench boxes used? Yes No

Describe when and how they are used. If no, explain: _____

Insulation

1. Any removal? If "yes, indicate what type and disposal Procedures Yes No _____

2. Indicate type of insulation work done _____

Landscaping

1. Any grading of land or excavation work done? Yes No
If "Yes", what % _____

2. Any spraying of bushes, lawn, etc, with pesticides, herbicides, or fertilizers? If "Yes", explain extent, how often and what is used? Yes No

3. Any Tree Trimming work done? Yes No
If "Yes", what % _____

Masonry

1. Do you excavate also? Yes No

Painting

1. Inside % _____ Outside % _____ Yes No

2. Any work done above two stories? Yes No

3. Any scaffolding used? Yes No
If "Yes", to what height? _____

4. Any epoxies used? Yes No

5. Any lead paint removal done? Yes No

Plumbing

1. Any septic tank installation? Yes No

Remarks: Explanations as needed from responses above: _____

To the best of my knowledge all the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the SCHBSIF, or information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information the SCHBSIF may send direct notice of cancellation.

Officer or Owner of Business Date