

WORKERS COMPENSATION APPLICATION

SUBMISSION REQUIREMENTS:

- Completed Work Comp Applications
- Current Loss Information 3 Years Minimum
 - o Current Valued Loss Runs No More Than 90 Days Old
- Experience Rating Worksheet NCCI or Applicable Independent Bureau

You can order your experience rating worksheet from NCCI at:

- www.ncci.com
- Customer Service 800-622-4123
- Loss Control Report If Available



Worker's Compensation Insurance Application W: 801.763.1375 F: 801.763.1374 submission@veracityins.com

DBA (F ANY): CONTACT NAME: MOBILE PHONE: OFFICE PHONE: MOBILE PHONE: MOBILE PROPRIETOR OFFICE PHONE: MCRANGE HOUSE, MCRANGE HOUSE, MCRANGE: MCRANG	AGENCY NAM	ME AND A	DDRESS		APPLICANT/INSURED NAME:									
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Experience Mod: Expiring Premium: Target Premium: Current Carrier:														
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LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND LOSS DETAIL IN REMARKS SECTION											
YEAR CARRIER ANNUAL PREMIUM MOD # CLAIMS AMOUNT PAID RESERVE											

	ı				I		I.				-1		
OWN	ERS, P	ARTNERS, OFFICE	RS, RELATIVE	S - To be Inclu	ided or Ex	cluded fr	om Cover	age				1	
STA	TATE NAME DATE OF BIR		DATE OF BIRTH	OF BIRTH TITLE/RELATION		TIONSHIP OWNERSHIP %		DUTIES	i	ANNUA	L PAYROLL	INCL. / EX	CL.
	ACT IN	FORMATION NAME			OFFICE PH	ONE		MOBILE	E PHONE	E-MAIL			
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GENE	RALIN	FORMATION											,
												YES	NO
1	DO YOU	OWN, OPERATE OR LEASE	AIRCRAFT / WATERCF	RAFT?								<u> </u>	
2	DO YOU	LEASE YOUR EMPLOYEES (OR USE LEASED EMPL	OYEES?									
3	DO YOU	SUB-CONTRACT ANY WORK	C WITHOUT CERTIFICA	TES OF INSURAN	CE?								
4	DOES AN	IY LOCATION HAVE MORE T	THAN 100 EMPLOYEES	?									
5	IS THERE	E ANY GROUP TRANSPORTA	ATION PROVIDED?										
6	DURING THE PAST 4 YEARS, HAS YOUR LOSS RATIO EXCEEDED 40%?												
7	DO YOU HAVE LESS THAN 2 FULL TIME EMPLOYEES, OTHER THAN FAMILY MEMBERS?												
8	DO YOU USE SUB-CONTRACTED LABOR OR LABOR IDENTIFIED AS INDEPENDENT CONTRACTORS?												
9	DO YOU HAVE MORE THAN 25% OF YOUR PAYROLL IN CLERICAL?												
10	0 DO YOU OR ANY OF YOUR EMPLOYEES PHYSICALLY WORK IN MORE THAN ONE STATE? IF "YES", PLEASE PROVIDE STATE(S) AND HOW OFTEN.												
11	ARE YOU ENGAGED IN ANY OTHER TYPE OF BUSINESS?												
12	ARE ANY OF YOUR EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?												
13	ANY EMF	PLOYEES WITH PHYSICAL H	IANDICAPS?										
14	DO EMPI	LOYEES TRAVEL OUT OF ST	TATE?										
15	ANY ATH	ILETIC TEAMS SPONSORED	?										

16	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?									
17	17 DO YOU USE VOLUNTEER LABOR?									
18	18 HAVE YOU HAD ANY PRIOR WORKERS' COMPENSATION INSURANCE COVERAGE DECLINED/ CANCELLED / NON-RENEWED IN THE LAST 3 YEARS?									
19	19 ARE EMPLOYEE HEALTH PLANS PROVIDED?									
20	20 IS THERE A LABOR EXCHANGE WITH ANY OTHER BUSINESS/ SUBSIDIARY?									
21	21 DO ANY EMPLOYEES PREDOMINANTLY WORK FROM HOME?									
22	22 ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?									
23	ANY UNDISPUTED AND UNPAID WORKERS: COMPENSATION PREMIUMS DUE FROM YOU OR ANY COMMONLY MANAGED/ OWNED ENTERPRISES?									
24	HAVE YOU BEEN IN BUSINESS FOR LESS THAN 3 YEARS?									
25	HAVE YOU MAINTAINED WORKERS' COMPENSATION INSURANCE AT ALL TIMES?									
26	HAVE YOU EVER BEEN SITED BY OSHA?									
27	DO YOU HAVE WRITTEN EMPLOYMENT POLICIES, PROCEDURES, GUIDELINES OR PRACTICES REGARDING WORKPLACE SAFETY?									
28	DO YOU OR ANY EMPLOYEES TRAVEL OUTSIDE THE UNITED STATES ON BUSINESS? IF "YES", WHAT COUNTRIES AND HOW OFTEN?									
29	HAVE YOU HAD 4 OR MORE WORKERS COMPENSATION CLAIMS IN THE PAST 3 YEARS?									
30	HAVE YOU HAD ANY ONE WORKERS COMPENSATION CLAIM EXCEED \$10,000?									
31	DO YOU OR ANY EMPLOYEES WORK AT HEIGHTS EXCEEDING 10' OR UNDERGROUND MORE THAN 4' IN DEPTH?									
32										
33										
34	34 DO YOU HAVE ANY EXPOSURE TO USL & F OR OTHER FEDERAL ACT?									
For	r Restaurants and Bars:									
35	DO YOU HAVE ANY OF THE FOLLOWING: BOUNCERS, DANCE FLOORS, DELIVERY OR 24 HOUR OPERATIONS? IF "YES", PLEASE EXPLAIN.									
36	36 DO YOU EVER HAVE MORE THAN TWO ENTERTAINERS?									
37 DO YOU PROVIDE CATERING SERVICES THAT EXCEED 20% OF YOUR TOTAL GROSS REVENUE?										
E	EXPLAIN ALL "YES" RESPONSES									
	PLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO									
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										
CLAII	NM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONC YMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVI	ERNING ANY FACT IL PENALTIES. (Not	MATERIAL applicable in	THERETO, CO, FL, HI,						
	NE, OH, OK, OR, TN OR VT; in DC, LA, ME, VA and WA, insurance benefits may also be denied) PLICANT'S SIGNATURE (Must be Officer, Owner or Partner) DATE PRODUCER'S SIGNATURE	NATIONAL PROD	DUCER NUM	IBER						