

WORKERS' COMPENSATION APPLICATION

COMPANY INFORMATION

Named Insured: _____ Phone: _____

Mailing Address: _____

Proposed Effective Date: _____ Current Carrier: _____

Audit Contact Name: _____

Firm's Legal Status: Individual Partnership Corporation Professional Corporation LLC Other

Loss History: No losses (Note: Must sign No Claims Warranty letter)
 5 year Loss runs attached.
 Quote subject to acceptable loss history

Federal Employers ID #: _____

Experience Mod: _____

Does the Applicant operation an aircraft? Yes No

EMPLOYERS LIABILITY LIMITS

All quotes come with standard \$1,000,000 in liability limits. Do you require higher limits? Yes No

If yes, what higher liability limits do you require? _____

OPTIONAL COVERAGES

Waiver of Subrogation Blanket Specific

Compensation U.S. Longshore and Harbor (USL&H)

Other Coverage: _____

ESTIMATED PAYROLLS

Class Codes (Description of Employees Role)	# of Employees	Estimated Payroll
8601 - Architectural or Engineering Firm - Including Salespersons & Drivers		
8602 - Surveyors & Drivers		
8603/8810 - Drafting & Clerical		
Other Code: Describe duties:		
Other Code: Describe duties:		

Officer, Partners & Individuals to be Included or Excluded (If including, please add payroll to appropriate class code above.)

Name	Title	Class Code/Duty	Include or Exclude	Ownership %