

## 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 #:	NCCI Risk ID # (if applicable):
Other Bureau ID or State Employer Registration Number (if applicable):	
Experience Mod:	
Does the Applicant operation an aircraft?    Yes    No	

### EMPLOYERS LIABILITY LIMITS

\$100,000 Each Accident / \$500,000 Policy Limit Disease / \$100,000 Each Employee Disease \$500,000 Each Accident / \$500,000 Policy Limit Disease / \$500,000 Each Employee Disease \$1,000,000 Each Accident / \$1,000,000 Policy Limit Disease / \$1,000,000 Each Employee Disease Expiration Date:
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### OPTIONAL COVERAGES

Waiver of Subrogation	Blanket	Specific
Voluntary Compensation U.S.L. & 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 Architectural or Engineering Firm - Clerical & Drafting		
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 %