

WORKER'S COMPENSATION

Detailed Description of Operations and employee job duties:

Current Workers' Comp Carrier (or name of PEO if a PEO client): _____

Type of Workers' Comp Plan (e.g., guaranteed cost, dividend, retro, etc): _____

(If Dividend, Retention, or Retro, please attach explanation of plan.)

Number of years with this carrier (or PEO): _____

Are any employees currently exempt from WC coverage? _____

(If employees are exempt from coverage, please list name, title, and compensation on the Remarks Page.)

Does the prospect have **EPLI coverage** in force? Yes No

(Please have prospect representative initial these dates, and provide a copy of the Declarations Page.)

Please explain any "Yes" answers on the Remarks Page (except questions 8 & 9

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|--|------------------------------|-----------------------------|
| 1. Has the prospect filed or do they intend to file for Chapter 7 or 11 protection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is there union activity or a unionized workplace? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. In the past 3 years has the prospect had any employment-related lawsuits, grievances or EEOC claims? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the prospect a federal contractor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are there any CDL / DOT Licensed Drivers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are there any special payroll reporting needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the prospect use a timekeeping system? If so, what vendor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is the prospect a drug-free workplace and conducting pre-employment drug testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. If the prospect is not drug-free, are they willing to become one? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is there a light duty return-to-work program for injured employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. If not, is the prospect willing to implement one? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the prospect own, operate or lease aircraft or watercraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Do past/present/discontinued operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Any work performed underground or above 15 feet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Any work performed on barges, vessels, docks, or bridges over water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Is the prospect engaged in any other type of business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Are subcontractors used? (If Yes, give percent, type and location of work subcontracted) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Any work subcontracted without certificates of WC insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Is a formal safety program in place? If yes please provide a summary. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Is group transportation provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Is there volunteer or donated labor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Is there other insurance with current WC insurer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Has prior coverage been declined/cancelled/non-renewed in the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Any employees under 16 or over 60 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Any seasonal employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Do any employees travel out of state for an extended period of time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Are employee health plans provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Do any employees predominately work at home? If so, how many _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

1. General Liability (GL) Carrier: _____ Limit of GL Liability: _____

Provide Loss History Summary for the past 3 years (attach currently valued, detailed, hard copy loss runs):

Valuation Date:

Policy Period	# of Claims	Amount Paid	Reserve	Incurred

