



WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Named Insured: _____

FEIN # (Required to Rate): _____

Physical Address/City/ST: _____

	Contact Name	Contact Email	Contact Phone
Insured Accounting			
Insured Claims			
Insured Safety /Loss Control			

Agency Name: _____

Agency Contact/ Phone: _____

Agent Email Address: _____

Description of Operations

Select Program:

Crane & Rigging Specialized Transportation Concrete Pumping Equipment Dealers/Rental

Years in Business: _____

Complete Description of Operations: _____

Individual Partnership Corporation Limited Corporation Joint Venture

Other: _____

Current X Mod: _____ Anniversary Date: _____

Any Acquisitions or Ownership changes in the past two years? Yes No

Ownership: Active in Management? Yes No

Number of Full Time Employees: _____

Number of Part Time Employees: _____ Number of Seasonal Employees: _____

Average number of field operations employees: _____

Number of W2's filed for the latest reporting year: _____

Number of Employees are: ___ Increasing ___ Decreasing ___ Stable

Union Affiliation: # Non-Union: # Union:

Mainstream Employees wage per hour: Starting: \$ _____ Average: \$ _____

Hours of Operation: (#days, hours open) _____ Number of Shifts: _____

Radius of Operation: _____



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Transportation Provided? Yes No Frequency: _____ Mode: _____

Benefits and Hiring Practices

Group Medical Provided? Yes _____ No _____

Clinic: _____ Physician: _____

Waiting Period for Benefits: _____ Percent Paid by Employer: _____

of Employees Participating: Dental: _____ Vacation: _____ Paid Sick Leave: _____

Employment Application	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
References Checked	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pre-Employment Physicals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pre-Placement Audiogram	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Drug Screening Program – Pre-Placement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Drug Screening Program – Post Accident	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Written Disciplinary Procedure in Place	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Drug/Alcohol Rehab Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Employee Assistance Programs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Return to Work Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does Insured Offer Modified Work Schedule	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any Interchange of Labor	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Certificates of Insurance Obtained	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any Sports or other Recreational Activities Allowed on Premises	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Name/Title of Person Conducting Interviews: _____
How are Qualifications of Employees Verified? _____

Safety Practices

Name and Title of Person Responsible for Safety: _____

Name and Title of Primary Claims Contact: _____

Claims/Losses Incident Rate: _____ Severity Rate: _____

Written Safety Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Safety Program Accountability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Back Injury Prevention Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Code of Safe Practices (Written & Enforced Company Safety Rules)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Employee/Management Safety Incentive Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Fall Protection Program, Height Exposure _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Fleet Safety Program: # Vehicles _____, MVR's _____%, Company Used _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Maintain Your Own Vehicles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Haz Com Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



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- Lockout/Tagout Program
- Trenching Safety Program, Maximum Depth _____
- Management Incent Investigation
- Mobile equipment Training Program
- Personal Protective Equipment Program

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

New Employee Orientation
 Employee Safety Training (Documented)
 Substance Abuse Policy
 Hazardous Conditions Abatement Documentation
 Workplace Safety Inspections
 Smoking Allowed on job Sites/Premises
 OCIP (Owner/Contractor Insurance Programs)
 Delivery Exposure:
 Delivery Frequency: _____ Delivery Radius: _____

Contractor's Operations

Commercial _____% Industrial _____% Residential _____% Service/Repair _____%
 New _____% Remodel _____% Demolition _____% SubContract _____%

Do employees work more than 3 stories above ground being raised by lifts or hoisting devices?: Yes No
 If yes, how high?: _____

Percentage of operations that is sub-out trucking: _____%

Does insured utilize owner operations?: Yes No

If yes, what percentage of operation: _____%

Percentage of operations exceeds 200 mile radius: _____

What is the insured hauling and what percentage is:

Coil _____% Rolled or Steel Beams _____% General Freight _____% Hazardous Material _____%

Percentage of payroll from Stand Alone

Rigging: _____%

Out of State Travel – Description of Operations: _____

Employees involved in Out of State Travel: _____ Location: _____

Frequency of Travel: _____

Duration of Travel: _____ Days Months

Are signed contracts obtained on all jobs: Yes No

Percentage of times insured utilizes NBIS contract wording: _____%

Percentage of times insured does a job without signed contracts: _____%

USL&H



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Is "if any" contractual USL&H needed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is any work done on a ship, shipyard or marina?	<input type="checkbox"/>		<input type="checkbox"/>	
If yes, circle <u>OVER</u> , <u>NEAR</u> , or <u>ADJACENT TO</u> navigable waterway	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is any work done on a barge?	<input type="checkbox"/>		<input type="checkbox"/>	
If yes, circle <u>OVER</u> , <u>NEAR</u> , or <u>ADJACENT TO</u> navigable waterway	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is any work done on a navigable waterway? (waterway with the capacity to provide access directly or indirectly to interstate or international waters)	<input type="checkbox"/>		<input type="checkbox"/>	
If yes, circle <u>OVER</u> , <u>NEAR</u> , or <u>ADJACENT TO</u> navigable waterway	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is any work done on any bridge?	<input type="checkbox"/>		<input type="checkbox"/>	
If yes, circle <u>OVER</u> , <u>NEAR</u> , or <u>ADJACENT TO</u> navigable waterway	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is any work done on port authority property?	<input type="checkbox"/>		<input type="checkbox"/>	
If yes, circle <u>OVER</u> , <u>NEAR</u> , or <u>ADJACENT TO</u> navigable waterway	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the USL&H exposure state specific? List states:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Confirm understanding of USL&H provided is incidental only	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
The Agent and the Insured understand that any changes in operations pertaining to USL&H must be reported within thirty (30) days	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the applicant own, lease, charter or borrow any watercraft on a navigable waterway?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the applicant employ anyone as a Master or Member of the crew of any watercraft on a navigable waterway?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the applicant employ anyone to perform any work on or from a watercraft under navigation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the applicant contract any work to be performed on or from a watercraft under navigation without reviewing proof of maritime coverages for the contractor's workers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



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ATTENTION

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.

FRAUD WARNINGS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

Applicable in AL:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Applicable in WV, LA, and RI (all Lines of Business), and AR (non-Workers-Compensation Lines of Business):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in AR (Workers Compensation Lines of Business):

Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme or artifice, for the purpose of obtaining any benefit or payment, defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment, or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter will be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under this subdivision (a)(1) or subdivision (a)(2) of this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission.



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Applicable in CA:

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC:

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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in ME:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Applicable in MD:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



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Applicable in NJ:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and subject to civil fines and criminal penalties.

Applicable in NY (Lines of Business which are neither Automobile nor Fire/Property):

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in NY (Automobile Lines of Business Only):

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable in NY (Fire/Property Lines of Business Only):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Applicable in OH:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR:

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.



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Applicable in PA (all Lines of Business except for Automobile):

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Applicable in PA (Only for Automobile Lines of Business):

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Applicable in PR:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than \$5,000 and not more than \$10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a maximum of 2 years.

Applicable in VA and WA (all Lines of Business), and TN (non-Workers-Compensation Lines of Business):

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.

Applicable in TN (Workers Compensation Lines of Business):

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.

Applicable in UT:

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.



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("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTE: Fraud warnings contained in ACORD Form 63 – Fraud Statement must be attached to this application

Signature of Applicant

Date

Title (Officer, Manager, Partner, Owner)

Signature of Broker

Date