



# WORKERS' COMPENSATION INSURANCE APPLICATION

Insurance Provided by  
Member Companies of  
American International Group, Inc.

Applicant's Name & Address: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Corporation      Type of Business: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Other      Years in Business: _____ Federal ID Number: _____      Rating Bureau ID Number: _____      Quote by: _____ _____      _____      Issue Effective: _____	Producer Name: _____ Producer Address: _____ Telephone Number: _____ Fax Number: _____
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LOCATIONS		
#	Street/City/State	Specific Operations Conducted:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

*Attach separate sheet if necessary to complete fully.*

POLICY INFORMATION			
Previous Insurer: _____	Policy Number: _____	Proposed Eff. Date (MO/DA/TR): _____	Proposed Exp. Date (MO/DA/YR): _____
Previous Coverage Inception and Expiration: _____		Normal Anniversary M.O.D. Rating Date: _____	
States Covered: _____		Proposed States Covered: _____	
Emp. Liab. Limits: \$ _____			
Previous Rating Plan:		Proposed Empl. Liab. Limits:	Payment Plan
<input type="checkbox"/> Guaranteed Cost <input type="checkbox"/> Retrospective <input type="checkbox"/> Dividend Type _____ <input type="checkbox"/> Retention		\$ _____ \$ _____ \$ _____	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly
			Audit Period <input type="checkbox"/> Expiration <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

RATING INFORMATION						
State (abbr.)	Class Code	Duties or Classifications	# Employees	Estimated Annual Remuneration	Rate	Estimated Annual Premium
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Specify Additional Coverages / Endorsements:	Total \$	Estimated Annual Premium
<input type="checkbox"/> Stop Gap Employers Liability	\$ _____	\$ _____
<input type="checkbox"/> Voluntary Compensation	\$ _____	\$ _____
<input type="checkbox"/> Foreign Voluntary Compensation	\$ _____	\$ _____
<input type="checkbox"/> Repatriation @ \$5,000 Limit. \$ _____ Other Limit	\$ _____	\$ _____
<input type="checkbox"/> U.S. Longshoremen @ Harbor Workers Act	\$ _____	\$ _____
<input type="checkbox"/> Defense Base Act	\$ _____	\$ _____
<input type="checkbox"/> Outer Continental Shelf Act	\$ _____	\$ _____
<input type="checkbox"/> Maritime / Jones Act \$ _____ Limits	\$ _____	\$ _____
<input type="checkbox"/> Other \$ _____	\$ _____	\$ _____
	<b>Total Est. Annual Premium</b>	<b>\$ _____</b>
	<b>Minimum \$ _____</b>	<b>Deposit Premium \$ _____</b>

**INDIVIDUALS INCLUDED / EXCLUDED**

Partners, Officers, Relatives to be included or excluded Remuneration To Be Included Must Be Part Of Rating Information Section.

#	Name	Title/Relationship	Duties	Include / Exclude	Class Code	Payroll
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____

**PRIOR EXPERIENCE**

Provide Information for the Past 5 Years and Use the Remarks Section for Loss Details.

Year	Insurer & Policy Number	Annual Premium	Mod.	# Claims	Amount Paid	Reserve	TOTAL
_____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____

**NATURE OF BUSINESS AND DESCRIPTION OF OPERATION**

- Type of business: \_\_\_\_\_
- Primary operations: \_\_\_\_\_
- Secondary operations: \_\_\_\_\_
- Any other operations: \_\_\_\_\_
- Type and number of aircraft or equipment: \_\_\_\_\_
- Base of aircraft operations: \_\_\_\_\_
- Primary destinations of operations: \_\_\_\_\_
- Any overseas operations? Destinations: \_\_\_\_\_
- Describe any seaplane, float, ski, or bush operations: \_\_\_\_\_
- Any antique or ex-military aircraft? Operations: \_\_\_\_\_
- Any experimental aircraft or public exhibitions? \_\_\_\_\_
- Any other unusual or unique operations? \_\_\_\_\_

Describe pilot qualification by type aircraft and/or operations. Continue in REMARKS (below) if necessary.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**GENERAL INFORMATION**

Please provide all the required details for "YES" responses by using the REMARKS area below. Attach additional sheet if necessary.

	YES	NO		YES	NO
1. Is any Contract Labor used? Type? Number? Payroll? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	10. Any employees under 16 or over 60 years of age? Number? Duties? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Any exposure to explosives? Caustics? Fumes? How controlled? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	11. Any part time or seasonal employees? Number? Duties? When? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Any exposure to radioactive materials? Hazardous cargo? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	12. Is there any volunteer or donated labor? To whom? For what? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Any work performed on barges, vessels, docks? Off shore oil rigs? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	13. Any employees leased or contracted to others? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Is Applicant engaged in any other type of business? Type? Name? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	14. Do employees travel out of country? Where? Duration of stay? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Are contractors used? For what part of operation? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	15. Are athletic teams sponsored? Type? Location? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Any work contracted without certificates of insurance? Filed where? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	16. Are pre-employment physicals required other than FAA physicals for pilots? If yes, type: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Is formal safety program (other than FAA) in effect? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	17. Any other insurance with this insurer? If so, describe. Include policy number(s), effective date(s).	<input type="checkbox"/>	<input type="checkbox"/>
9. Any group transportation provided? Aircraft? Ground? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	18. Any prior coverage declined / cancelled / non-renewed (last 3 years)? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Inspection (Contact / Phone): _____			Accounting Records (Contact / Phone): _____		

**REMARKS :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REMARKS, continued: \_\_\_\_\_

**NOTICE TO APPLICANTS:** 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 act, which is a crime, and subjects such person to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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, 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO COLORADO APPLICANTS:** 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 Authorities.

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** 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.

**NOTICE TO UTAH APPLICANTS:** 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 prison.

**NOTICE TO MAINE APPLICANTS:** 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 a denial of insurance benefits.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: 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 (365: 15-1-10, 36 S.S. 3613.1)

**ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Today's Date

*To Be Completed By Producer*

Producer: William J. Grohs Aviation, Inc.

Address: Waterbury-Oxford Airport - Tower Building City: Oxford State: CT Zip: 06478-1096

Telephone Number: (203) 262-1552 Fax Number: (203) 262-1556 E-mail: customerservice@wjgrohsaviation.com