AGENCY NAME AND ADDRESS COMPANY:	PRODUCER NAME: CS REPRESENTATIVE NAME: OFFICE PHONE (A/C, No. Ext) MOBILE				UNDER APPLIC OFFICE	WRITER:	ıF:							
APPLICANT NAME:	CS REPRESENTATIVE NAME: OFFICE PHONE (A/C, No, Ext) MOBILE	1			APPLIC OFFICE	ANT NAM	IF:							
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		\$	DISEASE	-POLICY LIM	1IT				INDEMN	TY		COMP	ARY _	
DIVIDEND PLAN/SAFETY GROUP ADDITIONAL COMPANY INFORMATION		<u>.</u>										FOREIGN	COV	
	DIVIDEND PLAN/SAFE	TY GROUP	ADDITIONAL COMPA	ANY INFORM	ATION									

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES				
\$	\$	\$				
CONTACT INFORMATION						

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD CLAIMS INFO				
CLAIMS				

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.

STATE	LOC#	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
1									

	HATING SE	1661#	OF		SHEETS	AG	ENCY C	USTOME	ER ID:				
					STATE RAT								
FOR	MULTIPLE S	STATES	S, ATTACH A	N AD	DITIONAL PAGE 2 O	F THIS FO	RM						
RATIN	IG INFORM	ATION -	STATE:										
LOC#	CLASS CODE	DESCR CODE	CATEGO	RIES, D	UTIES, CLASSIFICATIONS	FULL	OYEES PART	SIC	NAICS	ESTIMATED A REMUNERA PAYRO	ATION/	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
						TIME	TIME			PATRO	LL		PREMION
PREM	IUM												1
STATE:			FACTOR		FACTORED PREMIUM					FACTOR		FACTOR	ED PREMIUM
TOTAL			N/A	\$							\$		
	SED LIMITS			\$			ILE RATINO	3 *			\$		
DEDUCT	IDLE			\$		CCPAP	RD PREMI	LIM			\$		
EXPERIE MODIFIC	NCE OR MERIT			\$			M DISCOU				\$		
				\$		EXPENS	E CONSTA	NT		N/A	\$		
ASSIGNE	ED RISK SURCHA	RGE *		\$		TAXES /	ASSESSM	ENTS *		N/A	\$		
ARAP *	Wisconsin			\$							\$		
	STIMATED ANNU	AL PREMI	UM		MINIMUM PREMIUM				DEPOSI	T PREMIUM			
\$	DI(0 (4 !! 1	40000			\$				\$				
REMA	RKS (Attach	ACORD) 101, Additio	nal Re	emarks Schedule, if mo	ore space	is requi	red)					
	D 130 (2010/					age 2 of 4							

PRIOR CARRIER INFORMATION / LOSS HISTORY

AGENCY CUSTOMER ID:

OVIDE INFORM	ATION FOR THE PAST 5 YEARS AND USE THE REMARKS	LOSS RUN ATTACH	ED			
'EAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
CO:						
POL#	#:					
CO:						
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CO:						
POL #	‡ :					
CO:						
POL #	#:					

NATHDE	OF BUICINESS	/ DECODIDATION OF	ODEDATIONS
NAIURE	OF BUSINESS	/ DESCRIPTION OF	OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

OFNIEDAL	INICODE	LATION
GENERAL	INFORM	IAIICN

EXPLAIN ALL "YES" RESPONSES	Y / N
DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR	
TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
C. IOA WITH LENGTH LITTING AND IN COLLECTION.	
9. ANY GROUP TRANSPORTATION PROVIDED?	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
44 ANY CEACONAL EMPLOYEES?	
11. ANY SEASONAL EMPLOYEES?	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	
AOODD 400 (0040)	

AGENCY CUSTOMER ID:

GENERAL INFORMATION (continued)		
EXPLAIN ALL "YES" RESPONSES		Y/Y
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(a) of travel and fraguency)	
14. DO EMPLOTEES TRAVEL OUT OF STATE? (II TES, IIIdicale state)	s) of traver and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?		
15. ARE ATRICTIC TEAMS SPONSORED?		
A DE DI IVOICALO DECLUDED AFTED OFFEDO OF FAMIL OVIMENT A	OF MADEO	
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT A	TE MADE?	
47. ANN OTHER INCHRANCE WITH THIS INCHRED	·	
17. ANY OTHER INSURANCE WITH THIS INSURER?		
10 ANY PRIOR COVERAGE REQUINER / CANCELLER / NON RENEWE	DINITUE LACT TUDEE (0) VEADOO (Miccouni	Annicente De net enementale months
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWE	JIN THE LAST THREE (3) YEARS? (MISSOUT)	applicants - Do not answer this question)
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
71.12 2.111 20 122 112.121111 2.110 1.110 1.15 2.23		
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES	OR SUBSIDIARIES?	
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES	", # of Employees:	
	, , , , , , , , , , , , , , , , , , , ,	
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEA	RS? (If "YES", please specify)	
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PRE	MIUM DUE FROM YOU OR ANY COMMONLY M	ANAGED OR OWNED ENTERPRISES?
IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMB	ĒR(S).	
DEMARKS (Attack ACORD 101 Additional Remarks Cahad	ula if mana anaga ia nagurinad)	
REMARKS (Attach ACORD 101, Additional Remarks Sched	ile, il more space is required)	
APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME		
ANY PARTY TO A WORKERS COMPENSATION TRANS		OMMITTING FRAUD. PENALTIES INCLUDE
IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEF	TS.	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEF	DALID ANY INCLIDANCE COMPANY OR	ANOTHER REPONELLES AN ARRIGATION
FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING		
MISLEADING INFORMATION CONCERNING ANY FACT MATE		
SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANT		OO, DO, FE, FI, IVIA, IVIN, INE, OH, OK, OK, VI
or WA; in LA, ME, TN and VA, insurance benefits may also be de	ileu)	
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIM	E TO DROVIDE EN SE OR MISI ENDING	S INFORMATION TO AN INCLIDED FOR THE
PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER F		
TOTAL OOL OF DEFENDENING THE INSURER OR AIM OTHER F	LIGOIV. I LIVALTILO INOLUDE INIFRISC	THINLIAT AND/OTT (IINLO.
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT	ANY PERSON WHO KNOWINGLY AND V	WITH INTENT TO DEFRAUD ANY INSURANCE
COMPANY OR ANOTHER PERSON FILES AN APPLICATION		
INFORMATION, OR CONCEALS FOR THE PURPOSE OF MI		
COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY		
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE F		
FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENA	LTIES INCLUDE IMPRISONMENT, FINES	, AND DENIAL OF INSURANCE BENEFITS.
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner) DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBE
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