AGENCY NAME AND ADDRESS COMPANY: UNDERWRITER	ACORD	W	ORKERS C	OM	PENSA	TION	Α	PPL	CA	TIC	<u>N</u>		DAIL (MM/DD/YYYY
APPLICANT NAME: OFFICE PHONE: MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) MAILING ADDRESS: SIC: MAICIS:	GENCY NAME AND ADDRES	SS		СОМР	ANY:									
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	\$		DISEASE-POLIC	Y LIMIT			INDI	EMNITY				COMP		
IVIDEND PLAN/SAFETY GROUP ADDITIONAL COMPANY INFORMATION	\$		DISEASE-EACH	EMPLOYEE								FOREIGN COV		
	IVIDEND PLAN/SAFETY GR	OUP	ADDITIONAL COMPANY INI	FORMATION										

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

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				

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	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL

MANAGED CARE OPTION

STATE	RATING SH	HEET#	OF		SHEETS	AG	ENCY C	USTOME	ER ID:				
	STATE RATING WORKSHEET												
FOR	MULTIPLE S	STATES	S, ATTACH A	N AD	DITIONAL PAGE 2 O	F THIS FO	RM						
RATIN	RATING INFORMATION - STATE:												
LOC#	CLASS CODE	DESCR CODE	CATEGO	RIES, DI	JTIES, CLASSIFICATIONS	# EMPI FULL	OYEES	SIC	NAICS	ESTIMATED A	ATION/	RATE	ESTIMATED ANNUAL MANUAL
		OODE				TIME	TIME			PAYRO	LL		PREMIUM
PREM	IUM												
STATE:			FACTOR		FACTORED PREMIUM					FACTOR		FACTOR	ED PREMIUM
TOTAL	SED LIMITS		N/A	\$		SCHEDI	ILE RATING	2 *			\$		
DEDUCT				\$		CCPAP					\$		
EYPERIE	NCE OR MERIT			\$			RD PREMI				\$		
MÖDIFIC	NCE OR MERIT ATION			\$			M DISCOU			NI / A	\$		
ASSIGNE	ED RISK SURCHA	RGE *		\$			E CONSTA ASSESSM			N/A N/A	\$		
ARAP *				\$							\$		
* N / A in Wisconsin TOTAL ESTIMATED ANNUAL PREMIUM MINIMUM PREMIUM DEPOSIT PREMIUM DEPOSIT PREMIUM													
\$ \$ \$													
	RKS (Attach	ACORD	101, Additio	nal Re	marks Schedule, if mo	re space	is requi	red)					
	D 130 /2010//					200 2 of 4							

PRIOR CARRIER INFORMATION / LOSS HISTORY

AGENCY CUSTOMER ID:

PROVIDE IN	IFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTIO	LOSS RUN ATTAC	HED			
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

MATHDE	OF BURINESS	/ DESCRIPTION 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.

GFNF		

GENERAL IN ORMATION	· · ·
EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
A DO LIANTE DAGE PRECENT OR RIGORNETINITED OPERATIONS INVOLVED ATORING	TREATING DIGGUADONIO APPLIVING DIGDOGNIO OP
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	i, TREATING, DISCHARGING, APPLYING, DISPOSING, OR
TRANSPORTING OF HAZARDOOS WATERIAL? (e.g. Idiluliiis, wastes, luei taliks, etc)	
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
THE THE THE OTHER OF BUILDER, VEGLES, BOOKS, BRIDGE OVER WITHER:	
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
C. ARE CUR CONTRACTORS LICERS (IS INVESTIGATION OF A STATE OF A ST	
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for	his work must be included in the State Rating Worksheet on Page 2)
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9. ANY GROUP TRANSPORTATION PROVIDED?	
7.111 9.100. 110.110. 9.111.110.110.12.25.	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
11. ANY SEASONAL EMPLOYEES?	
III. ANT OLAGONAL LIVIPLOTELO!	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	
ACORD 420 (2040/05) Page 2 4	

AGENCY CUSTOMER ID:

GENERAL INFORMATION (continued)			
EXPLAIN ALL "YES" RESPONSES			Y/1
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			
AL DO EMPLOYEES TRAVEL OUT OF STATES (KINGS)			
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indic	cate state(s) of travel	and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?			
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOY	YMENT ARE MADE?		
17. ANY OTHER INSURANCE WITH THIS INSURER?			
17. ANT OTHER INSURANCE WITH THIS INSURER!			
40 ANY BRIOR COVERAGE REQUINER (CANOELLER (NOV.)	DENEMED IN THE I	40T TURES (0) VEAROO (48)	
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-I	RENEWED IN THE L	AST THREE (3) YEARS? (MISSOURI Applicants - Do not answ	er this question)
40. ADE EMPLOYEE LEALTH DI ANO PROVIDERO			
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?			
an Do ANN FARI OVERS REPERPIANORY FOR OTHER RUS	011150050 05 01150	WRIA DIFOC	
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUS	SINESSES OR SUBS	SIDIARIES?	
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPL	LOYERS?		
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME	E? If "YES", # of Emr	plovees:	
22 ANY TAY LIENS OD DANKDUDTOV WITHIN THE LAST EIV	/F /F) \/FADC2 /If "\/	TC! places enseif.	
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIV	VE (3) TEARS! (II T	ES, please specify)	
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSAT		FROM YOU OR ANY COMMONLY MANAGED OR OWNED EN	ITERPRISES?
IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICE	CY NUMBER(S).		
DEMARKS (Attack ACORD 404 Additional Remarks	Cobodula if ma	re energie required)	
REMARKS (Attach ACORD 101, Additional Remarks	S Scriedule, II IIIO	re space is required)	
APPLICABLE IN TENNESSEE AND VERMONT: IT IS A	A CRIME TO KNO	WINGLY PROVIDE FALSE, INCOMPLETE OR MISLEA	ADING INFORMATION TO
ANY PARTY TO A WORKERS COMPENSATION	TRANSACTION	FOR THE PURPOSE OF COMMITTING FRAUD	. PENALTIES INCLUDE
IMPRISONMENT, FINES AND DENIAL OF INSURANCE	BENEFITS		
,			
ANY PERSON WHO KNOWINGLY AND WITH INTENT			
FOR INSURANCE OR STATEMENT OF CLAIM CON			
MISLEADING INFORMATION CONCERNING ANY FAC	T MATERIAL THE	RETO, COMMITS A FRAUDULENT INSURANCE ACT,	, WHICH IS A CRIME AND
SUBJECTS THE PERSON TO CRIMINAL AND [NY: SU			
or WA; in LA, ME, TN and VA, insurance benefits may als		, -rr,,,	, , , - ,,,
or with Ext, ME, The and with modification bottomary and	oo bo domod)		
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS	A CRIME TO PE	ROVIDE FALSE OR MISLEADING INFORMATION TO	AN INSURER FOR THE
PURPOSE OF DEFRAUDING THE INSURER OR ANY (
		. L ETILO INGLODE IVII TRIGORNILINI AND/ORT INL	
IN MASSACHUSETTS, NEBRASKA, OREGON AND VE	ERMONT, ANY PE	RSON WHO KNOWINGLY AND WITH INTENT TO DEF	FRAUD ANY INSURANCE
COMPANY OR ANOTHER PERSON FILES AN APPLIC			
INFORMATION, OR CONCEALS FOR THE PURPOSI			
COMMITTING A FRAUDULENT INSURANCE ACT, WHI			
Sommitting the following the f	.c DE A ON		OTTET ENACTICO.
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PR			
FOR THE PURPOSE OF DEFRAUDING THE COMPAN			
		PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	FRODUCER 3 SIGNATURE	NATIONAL PRODUCER NUMBER