

## ACORD 130 (2013/09) - WORKERS COMPENSATION APPLICATION

ACORD 130, Workers Compensation Application, is a self-contained Commercial Lines application that does not require the completion of the Applicant Information Section (ACORD 125). Therefore, complete the entire Identification section of this form.

The Workers Compensation Application provides for workers' compensation, employer's liability, and voluntary compensation coverages.

The Policy Information section has been designed to follow workers' compensation rules published by the National Council on Compensation Insurance (NCCI). Other plans may be used with this form as well. Please refer to the NCCI manual for coverage definitions.

This form may not be used in Florida. Refer to Florida Workers Compensation Application, ACORD 130 FL.

### Form Page 1

| Section Name   | Field Name                  | Description  |
|----------------|-----------------------------|--|
| IDENTIFICATION | Date (MM/DD/YYYY)           | Enter date: The date on which the form is completed.   |
| IDENTIFICATION | Agency Name and Address     | Enter text: The full name of the producer / agency.  |
| IDENTIFICATION |                             | Enter text: The mailing address line one of the producer / agency.   |
| IDENTIFICATION |                             | Enter text: The mailing address line two of the producer / agency.   |
| IDENTIFICATION |                             | Enter text: The mailing address city name of the producer / agency.  |
| IDENTIFICATION |                             | Enter code: The mailing address state or province code of the producer / agency.   |
| IDENTIFICATION |                             | Enter code: The mailing address postal code of the producer / agency.  |
| IDENTIFICATION | Producer Name               | Enter text: The name of the individual at the producer's establishment that is the primary contact.  |
| IDENTIFICATION | CS Representative           | Enter text: The name of the customer service representative of the producer.   |
| IDENTIFICATION | Office Phone (A/C, no, ext) | Enter number: The producer's contact person's phone number. If applicable, include the area code and extension. As used here, this is the office phone number. |
| IDENTIFICATION | Mobile Phone                | Enter number: The producer's contact person's cell phone number.   |
| IDENTIFICATION | Fax (A/C, no)               | Enter number: The fax number of the producer / agency.   |
| IDENTIFICATION | E-mail Address              | Enter text: The producer's contact person e-mail address.  |
| IDENTIFICATION | Code                        | Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.  |
| IDENTIFICATION | Subcode                     | Enter code: The identification code assigned by the insurer to the sub-producer (e.g., person) within a producer's office (e.g., agency or brokerage).         |

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| <b>IDENTIFICATION</b> | <b>Agency Customer ID</b>                              | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).  |
| <b>IDENTIFICATION</b> | <b>Company</b>   | Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.  |
| <b>IDENTIFICATION</b> | <b>Underwriter</b>                                     | Enter text: The company underwriter (or other company staff person) that this form should be directed to.   |
| <b>IDENTIFICATION</b> | <b>Applicant Name</b>                                  | Enter text: The named insured(s) as it/they will appear on the policy declarations page.  |
| <b>IDENTIFICATION</b> | <b>Office Phone</b>                                    | Enter number: The named insured's primary phone number. As used here, this is the office phone number.  |
| <b>IDENTIFICATION</b> | <b>Mobile Phone</b>                                    | Enter number: The named insured's secondary phone number. As used here, this is the cell phone number.  |
| <b>IDENTIFICATION</b> | <b>Mailing Address</b>                                 | Enter text: The named insured's mailing address line one.   |
| <b>IDENTIFICATION</b> |  | Enter text: The named insured's mailing address line two.   |
| <b>IDENTIFICATION</b> |  | Enter text: The named insured's mailing address city name.  |
| <b>IDENTIFICATION</b> |  | Enter code: The named insured's mailing address state or province code.   |
| <b>IDENTIFICATION</b> |  | Enter code: The named insured's mailing address postal code.  |
| <b>IDENTIFICATION</b> | <b>Years in Business</b>                               | Enter number: The number of years the insured has been in business.   |
| <b>IDENTIFICATION</b> | <b>SIC</b>   | Enter code: The Standard Industry Classification code assigned to the business activity (if known). This is the code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget. |
| <b>IDENTIFICATION</b> | <b>NAICS</b>   | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the business activity (if known).   |
| <b>IDENTIFICATION</b> | <b>Website Address</b>                                 | Enter text: The primary website address for the named insured.  |
| <b>IDENTIFICATION</b> | <b>E-Mail Address</b>                                  | Enter text: The named insured's primary e-mail address.   |
| <b>IDENTIFICATION</b> | <b>Type of Business Organization - Sole Proprietor</b> | Check the box (if applicable): Indicates the legal entity code for the named insured is "Sole Proprietor".  |
| <b>IDENTIFICATION</b> | <b>Partnership</b>                                     | Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".  |
| <b>IDENTIFICATION</b> | <b>Corporation</b>                                     | Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".  |

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| <b>IDENTIFICATION</b>       | <b>Subchapter "S" Corporation</b>                                   | Check the box (if applicable): Indicates the legal entity code for the named insured is "Subchapter S Corporation".  |
| <b>IDENTIFICATION</b>       | <b>LLC</b>  | Check the box (if applicable): Indicates the legal entity code for the named insured is "Limited Liability Corporation".   |
| <b>IDENTIFICATION</b>       | <b>Joint Venture</b>  | Check the box (if applicable): Indicates the legal entity code for the named insured is "Joint Venture".   |
| <b>IDENTIFICATION</b>       | <b>Trust</b>  | Check the box (if applicable): Indicates the legal entity code for the named insured is "Trust".   |
| <b>IDENTIFICATION</b>       | <b>Other</b>  | Check the box (if applicable): Indicates the legal entity code for the named insured is not listed on the form.  |
| <b>IDENTIFICATION</b>       | <b>Other Description</b>  | Enter text: The description of the legal entity if not listed on the form.   |
| <b>IDENTIFICATION</b>       | <b>Unincorporated Association</b>                                   | Check the box (if applicable): Indicates the legal entity code for the named insured is an "Unincorporated Association".   |
| <b>IDENTIFICATION</b>       | <b>Credit Bureau Name</b>   | Enter text: The code identifies an external source that may be used to provide financial or credit information. For example, a Dun and Bradstreet Number, TRW number, Equifax, Trans-Union, etc.   |
| <b>IDENTIFICATION</b>       | <b>ID Number</b>  | Enter identifier: The identifier assigned by the credit bureau for the risk.   |
| <b>IDENTIFICATION</b>       | <b>Federal Employer ID Number</b>                                   | Enter identifier: The tax identifier of the named insured. As used here, this is the Federal Employer Identification Number.   |
| <b>IDENTIFICATION</b>       | <b>NCCI Risk ID Number</b>  | Enter identifier: The nine-digit number assigned to the insured by the National Council on Compensation Insurance (NCCI). This number is required in most states before a policy can be issued. It also helps insure timely and accurate calculation of experience modifications. The NCCI is a rating bureau operating in most states that also provides interstate experience rating for risks occurring in more than one state. |
| <b>IDENTIFICATION</b>       | <b>Other Rating Bureau ID or State Employer Registration Number</b> | Enter identifier: The state's rating bureau may assign a separate identification number if the applicant is subject to experience rating in an independent bureau state. In Minnesota, use this box to record the insured's unemployment account number, as required by the state. In New Jersey, use this box to record the insured's state employer registration number.   |
| <b>STATUS OF SUBMISSION</b> | <b>Quote</b>  | Check the box (if applicable): Indicates the response expected from the company is a quote.  |
| <b>STATUS OF SUBMISSION</b> | <b>Bound</b>  | Check the box (if applicable): Indicates the coverage has been bound. As used here, include the date coverage began and attach a copy of the binder. This application is not a substitute for a binder. You may check more than one box (e.g., if the underwriter indicated by telephone that the risk is acceptable and coverage can be bound, check both Bound and Issue).   |
| <b>STATUS OF SUBMISSION</b> | <b>Bound Date</b>   | Enter date: The date on which the terms and conditions of the binder commenced. This date normally coincides with the effective date of the policy or of an endorsement to the policy.   |

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| <b>STATUS OF SUBMISSION</b>        | <b>Assigned Risk</b>              | Check the box (if applicable): Indicates the response expected from the company is an assigned risk policy. For Assigned Risk business check the "Assigned Risk" box and complete an ACORD 133 Workers Compensation Insurance Plan Assigned Risk Section. Rules for binding assigned risk policies apply. The Quote, Issue Policy and Bound options do not apply when submitting an assigned risk application. Please refer to the instructions for the ACORD 133 for specific uses of the ACORD 130 elements as they apply to assigned risk business. |
| <b>STATUS OF SUBMISSION</b>        | <b>Issue Policy</b>               | Check the box (if applicable): Indicates the response expected from the company is an issued policy.   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Billing Plan - Agency Bill</b> | Check the box (if applicable): Indicates if the policy is to be producer / agency billed.  |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Direct Bill</b>                | Check the box (if applicable): Indicates if the policy is to be direct billed.   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Payment Plan - Annual</b>      | Check the box (if applicable): Indicates the policy will be paid annually.   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Semi-Annual</b>                | Check the box (if applicable): Indicates the policy will be paid semi-annually.  |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Quarterly</b>                  | Check the box (if applicable): Indicates the policy will be paid quarterly.  |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Other</b>                      | Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Other Description</b>          | Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>% Down</b>                     | Enter percentage: The percentage of the total estimated annual premium that has been (or will be) received as a down payment for bound policies.   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Audit - At Expiration</b>      | Check the box (if applicable): Indicates audits should be performed for this policy at expiration.   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Semi-Annual</b>                | Check the box (if applicable): Indicates audits should be performed for this policy semi-annually.   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Quarterly</b>                  | Check the box (if applicable): Indicates audits should be performed for this policy quarterly.   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Monthly</b>                    | Check the box (if applicable): Indicates audits should be performed for this policy monthly.   |
| <b>BILLING / AUDIT INFORMATION</b> | <b>Other</b>                      | Check the box (if applicable): Indicates audits should be performed for this policy at a frequency other than those listed.  |

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| <b>BILLING / AUDIT INFORMATION</b> | <b>Other Description</b>                     | Enter code: The audit term for policies that are subject to periodic audit. If the audit period is known, enter the code; A - annual, S - semi-annual, Q - Quarterly, M - Monthly, O - Other. |
| <b>LOCATIONS</b>                   | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.   |
| <b>LOCATIONS</b>                   | <b>Highest Floor</b>                         | Enter number: The highest floor of the physical location.   |
| <b>LOCATIONS</b>                   | <b>Street, City, County, State, Zip Code</b> | Enter text: The first address line of the physical location.  |
| <b>LOCATIONS</b>                   |  | Enter text: The second address line of the physical location.   |
| <b>LOCATIONS</b>                   |  | Enter text: The city of the physical location.  |
| <b>LOCATIONS</b>                   |  | Enter text: The county of the location.   |
| <b>LOCATIONS</b>                   |  | Enter code: The state or province of the physical location.   |
| <b>LOCATIONS</b>                   |  | Enter code: The postal code of the physical location.   |
| <b>LOCATIONS</b>                   | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.   |
| <b>LOCATIONS</b>                   | <b>Highest Floor</b>                         | Enter number: The highest floor of the physical location.   |
| <b>LOCATIONS</b>                   | <b>Street, City, County, State, Zip Code</b> | Enter text: The first address line of the physical location.  |
| <b>LOCATIONS</b>                   |  | Enter text: The second address line of the physical location.   |
| <b>LOCATIONS</b>                   |  | Enter text: The city of the physical location.  |
| <b>LOCATIONS</b>                   |  | Enter text: The county of the location.   |
| <b>LOCATIONS</b>                   |  | Enter code: The state or province of the physical location.   |
| <b>LOCATIONS</b>                   |  | Enter code: The postal code of the physical location.   |
| <b>LOCATIONS</b>                   | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.   |
| <b>LOCATIONS</b>                   | <b>Highest Floor</b>                         | Enter number: The highest floor of the physical location.   |
| <b>LOCATIONS</b>                   | <b>Street, City, County, State, Zip Code</b> | Enter text: The first address line of the physical location.  |
| <b>LOCATIONS</b>                   |  | Enter text: The second address line of the physical location.   |
| <b>LOCATIONS</b>                   |  | Enter text: The city of the physical location.  |
| <b>LOCATIONS</b>                   |  | Enter text: The county of the location.   |
| <b>LOCATIONS</b>                   |  | Enter code: The state or province of the physical location.   |

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| <b>LOCATIONS</b>          |   | Enter code: The postal code of the physical location.   |
| <b>POLICY INFORMATION</b> | <b>Proposed Policy Eff Date</b>             | Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. As used here, the date on which the terms and conditions of the policy will commence. For assigned risk business being submitted with the ACORD 133 use the effective date on that form, following state mandated rules.   |
| <b>POLICY INFORMATION</b> | <b>Proposed Exp date</b>                    | Enter date: The date on which the terms and conditions of the policy will expire. As used here, the date on which the terms and conditions of the policy will expire.<br><br>The normal policy period (effective date to expiration date) is one year. However, a policy may be issued for any length of time up to a maximum of three years. Certain rules and endorsements must be used if the policy is written for more than one year. It may be necessary to use Effective and Expiration Dates that do not indicate a one year term, to concur with other policies.   |
| <b>POLICY INFORMATION</b> | <b>Normal Anniversary Rating Date</b>       | Enter date: The rates used are normally in effect on the effective date of the policy. NCCI Manual rules require that the rates apply for a period of one year. If a policy is cancelled or short-termed, the rating bureau requires the original effective date to be considered the Normal Anniversary Rating Date for both rates and experience modifications. This is temporary and will last until the next renewal when the new policy effective date will again determine the rates. The rule is intended to prevent wholesale cancellations by insureds and companies to take advantage of rate and/or rule changes. For cancelled or short-termed policies, enter the original effective date. |
| <b>POLICY INFORMATION</b> | <b>Participating/Non-Participating</b>      | Check the box (if applicable): Indicates the policy is a participating policy. A Participating policy may result in reduced premiums through the payment of policyholder dividends declared by the insurer. Some policyholder dividends are based on actual experience of the applicant. If such a program is available through the company in the covered state, indicate whether the policy is to be on a Participating or Non-Participating basis. Check with your company on the availability of plans.   |
| <b>POLICY INFORMATION</b> | <b>Non-Participating</b>                    | Check the box (if applicable): Indicates the policy is a non-participating policy.  |
| <b>POLICY INFORMATION</b> | <b>Retro Plan</b>                           | Enter text: The retrospective rating plan that permits the adjustment of the final premium based on the actual premiums and losses of the applicant, subject to the plan's minimum and maximum premium limits. One to three year plans may be available. Check with your company on the availability of plans.  |
| <b>POLICY INFORMATION</b> | <b>Part 1 Workers Compensation (States)</b> | Enter code: A state in which Part 1 will apply. Part 1 refers to the workers' compensation law and/or occupational disease law in states where the insured has operations.  |
| <b>POLICY INFORMATION</b> |   | Enter code: A state in which Part 1 will apply. Part 1 refers to the workers' compensation law and/or occupational disease law in states where the insured has operations.  |
| <b>POLICY INFORMATION</b> |   | Enter code: A state in which Part 1 will apply. Part 1 refers to the workers' compensation law and/or occupational disease law in states where the insured has operations.  |

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| <b>POLICY INFORMATION</b> |   | Enter code: A state in which Part 1 will apply. Part 1 refers to the workers' compensation law and/or occupational disease law in states where the insured has operations.  |
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| <b>POLICY INFORMATION</b> |   | Enter code: A state in which Part 1 will apply. Part 1 refers to the workers' compensation law and/or occupational disease law in states where the insured has operations.  |
| <b>POLICY INFORMATION</b> | <b>Part 2 - Employers Liability - Each Accident</b> | Enter limit: The workers compensation and employers liability policy, employers liability each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).         |
| <b>POLICY INFORMATION</b> | <b>Disease-Policy Limit</b>                         | Enter limit: The workers compensation and employers liability policy, employers liability disease policy limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).        |
| <b>POLICY INFORMATION</b> | <b>Disease-Each Employee</b>                        | Enter limit: The workers compensation and employers liability policy, employers liability disease each employee limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). |
| <b>POLICY INFORMATION</b> | <b>Part 3 - Other States Insurance</b>              | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.         |
| <b>POLICY INFORMATION</b> |   | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.         |
| <b>POLICY INFORMATION</b> |   | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.         |
| <b>POLICY INFORMATION</b> |   | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.         |

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| <b>POLICY INFORMATION</b> |  | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.                                |
| <b>POLICY INFORMATION</b> |  | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.                                |
| <b>POLICY INFORMATION</b> |  | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.                                |
| <b>POLICY INFORMATION</b> |  | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.                                |
| <b>POLICY INFORMATION</b> |  | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.                                |
| <b>POLICY INFORMATION</b> |  | Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.                                |
| <b>POLICY INFORMATION</b> | <b>Deductibles - Medical</b>             | Check the box (if applicable): Indicates the deductible type is Medical in the state where coverage is being applied for. (In Pennsylvania, the deductible is "per claim". The deductible choices are \$1,000, \$5,000 and \$10,000.)                                      |
| <b>POLICY INFORMATION</b> | <b>Indemnity</b>                         | Check the box (if applicable): Indicates the deductible type is Indemnity in the state where coverage is being applied for. (In Pennsylvania, the deductible is "per claim". The deductible choices are \$1,000, \$5,000 and \$10,000.)                                    |
| <b>POLICY INFORMATION</b> | <b>Other</b>                             | Check the box (if applicable): Indicates the deductible type is other than those listed.   |
| <b>POLICY INFORMATION</b> | <b>Other Description</b>                 | Enter text: The description of the deductible type.  |
| <b>POLICY INFORMATION</b> | <b>Amount / %</b>                        | Enter amount: The amount of the deductible as a whole dollar amount or as a percentage. For percentages indicate the percentage amount followed by the percent (%) sign.   |
| <b>POLICY INFORMATION</b> | <b>Other Coverages - U.S.L. &amp; H.</b> | Check the box (if applicable): Indicates United States Longshoremen's & Harbor Worker's (USL&H) coverage is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages/Endorsements section. |
| <b>POLICY INFORMATION</b> | <b>Voluntary Comp</b>                    | Check the box (if applicable): Indicates Voluntary Compensation coverage is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages/Endorsements section.                                 |
| <b>POLICY INFORMATION</b> | <b>Foreign Cov</b>                       | Check the box (if applicable): Indicates Foreign coverage is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages/Endorsements section.  |



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| <b>POLICY INFORMATION</b>                         | <b>Managed Care Option</b>                       | Check the box (if applicable): Indicates Managed Care Option is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages/Endorsements section. |
| <b>POLICY INFORMATION</b>                         | <b>Other</b>                                     | Check the box (if applicable): Indicates other coverages than those listed are being requested.  |
| <b>POLICY INFORMATION</b>                         | <b>Other Description</b>                         | Enter text: The description of the coverage being requested.   |
| <b>POLICY INFORMATION</b>                         | <b>Other</b>                                     | Check the box (if applicable): Indicates other coverages than those listed are being requested.  |
| <b>POLICY INFORMATION</b>                         | <b>Other Description</b>                         | Enter text: The description of the coverage being requested.   |
| <b>POLICY INFORMATION</b>                         | <b>Dividend Plan or Safety Group</b>             | Enter text: The specific plan or safety group of which the insured is a member. This field is related to the participating plan. Check with your company on the availability of plans.   |
| <b>POLICY INFORMATION</b>                         | <b>Additional Company Information</b>            | Enter text: The additional company or state specific information should be listed in this section.   |
| <b>POLICY INFORMATION</b>                         | <b>Specify Additional Coverages/Endorsements</b> | Enter text: The description of exposures for the optional coverages selected in the Other Coverages section. Any additional coverages should also be described.  |
| <b>TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATE</b> | <b>Total Estimated Annual Premium All States</b> | Enter amount: The amount resulting from applying all modifications, discounts, taxes and other rating criteria to the total estimated pre-modified premium for all states.   |
| <b>TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATE</b> | <b>Total Minimum Premium All States</b>          | Enter amount: Total minimum premium required by company rules for all states.  |
| <b>TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATE</b> | <b>Total Deposit Premium All States</b>          | Enter amount: Total amount of deposit required by company rules for all states.  |
| <b>CONTACT INFORMATION</b>                        | <b>Inspection (Name)</b>                         | Enter text: The name of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.                                    |
| <b>CONTACT INFORMATION</b>                        | <b>Inspection (Office Phone)</b>                 | Enter number: The telephone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment. As used here, this is the office phone number.                  |
| <b>CONTACT INFORMATION</b>                        | <b>Inspection (Mobile Phone)</b>                 | Enter number: The cell phone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment.  |
| <b>CONTACT INFORMATION</b>                        | <b>Inspection (E-Mail Address)</b>               | Enter text: The e-mail address (if applicable) of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.          |
| <b>CONTACT INFORMATION</b>                        | <b>Accounting Records (Name)</b>                 | Enter text: The name of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent.  |

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| <b>CONTACT INFORMATION</b>             | <b>Accounting Records (Office Phone)</b>   | Enter number: The telephone number of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent's name and number. As used here, this is the office phone number. |
| <b>CONTACT INFORMATION</b>             | <b>Accounting Records (Mobile Phone)</b>   | Enter number: The cell phone number of the person to contact for accounting information.   |
| <b>CONTACT INFORMATION</b>             | <b>Accounting Records (E-Mail Address)</b> | Enter text: The e-mail address (if applicable) of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent's name and number.                                    |
| <b>CONTACT INFORMATION</b>             | <b>Claims Information (Name)</b>           | Enter text: The full name of the person the insurer is to contact regarding any potential claims inquiries.  |
| <b>CONTACT INFORMATION</b>             | <b>Claims Information (Office Phone)</b>   | Enter number: The telephone number of the person the insurer is to contact regarding any potential claims inquiries. As used here, this is the office phone number.  |
| <b>CONTACT INFORMATION</b>             | <b>Claims Information (Mobile Phone)</b>   | Enter number: The cell phone number of the person the insurer is to contact regarding any potential claims inquiries.  |
| <b>CONTACT INFORMATION</b>             | <b>Claims Information (E-Mail Address)</b> | Enter text: The e-mail address (if applicable) of the person the insurer is to contact regarding any potential claims inquiries.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>State</b>                               | Enter code: The state in which the individual's payroll developed.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>LOC #</b>                               | Enter number: The producer assigned location number for the individual.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Name</b>                                | Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Date of Birth</b>                       | Enter date: The individual's birth date.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Title/Relationship</b>                  | Enter code: The individual's title within the organization or relationship to the organization's owners.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Ownership %</b>                         | Enter percentage: The percentage of ownership the individual has in the organization, if applicable.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Duties</b>                              | Enter text: The brief description of the duties of the individual.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Inc/Exc</b>                             | Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Class Code</b>                          | Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.   |

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| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Remuneration/Payroll</b> | Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws.<br><br>(Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals). |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>State</b>                | Enter code: The state in which the individual's payroll developed.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>LOC #</b>                | Enter number: The producer assigned location number for the individual.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Name</b>                 | Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Date of Birth</b>        | Enter date: The individual's birth date.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Title/Relationship</b>   | Enter code: The individual's title within the organization or relationship to the organization's owners.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Ownership %</b>          | Enter percentage: The percentage of ownership the individual has in the organization, if applicable.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Duties</b>               | Enter text: The brief description of the duties of the individual.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Inc/Exc</b>              | Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Class Code</b>           | Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Remuneration/Payroll</b> | Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws.<br><br>(Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals). |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>State</b>                | Enter code: The state in which the individual's payroll developed.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>LOC #</b>                | Enter number: The producer assigned location number for the individual.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Name</b>                 | Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy.   |

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| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Date of Birth</b>        | Enter date: The individual's birth date.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Title/Relationship</b>   | Enter code: The individual's title within the organization or relationship to the organization's owners.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Ownership %</b>          | Enter percentage: The percentage of ownership the individual has in the organization, if applicable.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Duties</b>               | Enter text: The brief description of the duties of the individual.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Inc/Exc</b>              | Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Class Code</b>           | Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Remuneration/Payroll</b> | Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws.<br><br>(Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals). |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>State</b>                | Enter code: The state in which the individual's payroll developed.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>LOC #</b>                | Enter number: The producer assigned location number for the individual.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Name</b>                 | Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy.   |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Date of Birth</b>        | Enter date: The individual's birth date.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Title/Relationship</b>   | Enter code: The individual's title within the organization or relationship to the organization's owners.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Ownership %</b>          | Enter percentage: The percentage of ownership the individual has in the organization, if applicable.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Duties</b>               | Enter text: The brief description of the duties of the individual.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Inc/Exc</b>              | Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.   |

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| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Class Code</b>           | Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.  |
| <b>INDIVIDUALS INCLUDED / EXCLUDED</b> | <b>Remuneration/Payroll</b> | Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws.<br><br>(Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals). |

**Form Page 2**

| <b>Section Name</b>           | <b>Field Name</b>                          | <b>Description</b>   |
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| <b>IDENTIFICATION SECTION</b> | <b>Agency Customer ID</b>                  | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).   |
| <b>STATE RATING WORKSHEET</b> | <b>State Rating Sheet # of Sheets</b>      | Enter number: The chronological number of the state rating sheet out of a total number of sheets.  |
| <b>STATE RATING WORKSHEET</b> | <b>Total Number of Sheets</b>              | Enter number: The total number of state rating sheets.   |
| <b>STATE RATING WORKSHEET</b> | <b>Rating Information State:</b>           | Enter text: The name of the state to which the rating information is applicable.   |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                               | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                          | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                    | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b> | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>         | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>         | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |

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| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |

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| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Council on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |

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| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate  |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |



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| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate  |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |

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| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate  |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate  |

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| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |

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| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Council on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |

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| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate  |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |

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| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate  |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |

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| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate  |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate  |

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| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b> | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.          |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>                                  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>       | Enter amount: The estimated manual premium amount for the classification.  |
| <b>STATE RATING WORKSHEET</b> | <b>LOC #</b>                                 | Enter number: The producer assigned number of the location.  |
| <b>STATE RATING WORKSHEET</b> | <b>Class Code</b>                            | Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.   |
| <b>STATE RATING WORKSHEET</b> | <b>Description Code</b>                      | Enter code: The company description code for this type of risk (if applicable).  |
| <b>STATE RATING WORKSHEET</b> | <b>Categories, Duties, Classifications</b>   | Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations. |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Full Time</b>           | Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>No. of Employees, Part Time</b>           | Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.   |
| <b>STATE RATING WORKSHEET</b> | <b>SIC</b>                                   | Enter code: The Standard Industry Class code assigned to the particular type of business (if known).   |
| <b>STATE RATING WORKSHEET</b> | <b>NAICS</b>                                 | Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).  |



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| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Remuneration/Payroll</b>               | Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.  |
| <b>STATE RATING WORKSHEET</b> | <b>Rate</b>  | Enter rate: The manual rate for the classification from the appropriate state manual.  |
| <b>STATE RATING WORKSHEET</b> | <b>Estimated Annual Manual Premium</b>                     | Enter amount: The estimated manual premium amount for the classification.  |
| <b>PREMIUM</b>                | <b>State</b>   | Enter text: The name of the state to which the rating information is applicable.   |
| <b>PREMIUM</b>                | <b>Total - Factored Premium</b>                            | Enter amount: The total premium amount.  |
| <b>PREMIUM</b>                | <b>Increased Limits - Factor</b>                           | Enter rate: The modification factor if limits other than the standard limits for Part 2 Employers Liability are requested.   |
| <b>PREMIUM</b>                | <b>increased Limits - Factored Premium</b>                 | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b>                | <b>Deductible * - Factor</b>                               | Enter rate: The deductible factor if a state deductible option is available and chosen.  |
| <b>PREMIUM</b>                | <b>Deductible * - Factored Premium</b>                     | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b>                | <b>Optional Line (Blank Space)</b>                         | Enter text: The description of optional factors, charges or credits that are required or applicable.   |
| <b>PREMIUM</b>                | <b>Factor</b>  | Enter rate: The modification factor for optional factors, charges or credits that are required or applicable.  |
| <b>PREMIUM</b>                | <b>Factored Premium</b>                                    | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b>                | <b>Experience or Merit Modification - Factor</b>           | Enter rate: The modification factor if the insured is subject to experience or merit rating. Generally the business has to have been in operation for at least two years under present ownership and the premium must meet or exceed a level which is established by the state to qualify for experience or merit rating. If more than one modification factor applies to the applicant, explain in the Remarks section. Attach the most recent experience or merit rating data sheet. |
| <b>PREMIUM</b>                | <b>Experience or Merit Modification - Factored Premium</b> | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b>                | <b>Optional Line (Blank Space)</b>                         | Enter text: The description of optional factors, charges or credits that are required or applicable.   |
| <b>PREMIUM</b>                | <b>Factor</b>  | Enter rate: The modification factor for optional factors, charges or credits that are required or applicable.  |
| <b>PREMIUM</b>                | <b>Factored Premium</b>                                    | Enter amount: The modified premium amount.   |

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| <b>PREMIUM</b> | <b>Assigned Risk Surcharge * - Factor</b>           | Enter rate: The modification factor for assigned risk policy surcharge. A state specific surcharge may apply for placement of business into an assigned risk pool. |
| <b>PREMIUM</b> | <b>Assigned Risk Surcharge * - Factored Premium</b> | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b> | <b>ARAP * - Factor</b>                              | Enter rate: The modification factor for assigned risk adjustment program (ARAP). A state specific adjustment for assigned risk policies.                           |
| <b>PREMIUM</b> | <b>ARAP * - Factored Premium</b>                    | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b> | <b>Optional Line (Blank Space)</b>                  | Enter text: The description of optional factors, charges or credits that are required or applicable.   |
| <b>PREMIUM</b> | <b>Factor</b>                                       | Enter rate: The modification factor for optional factors, charges or credits that are required or applicable.  |
| <b>PREMIUM</b> | <b>Factored Premium</b>                             | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b> | <b>Schedule Rating * - Factor</b>                   | Enter rate: The modification factor for schedule rating (if applicable).   |
| <b>PREMIUM</b> | <b>Schedule Rating * - Factored Premium</b>         | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b> | <b>CCPAP - Factor</b>                               | Enter rate: The modification factor for the contracting class premium adjustment program (CCPAP). Not applicable in all states.                                    |
| <b>PREMIUM</b> | <b>CCPAP - Factored Premium</b>                     | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b> | <b>Standard Premium - Factor</b>                    | Enter rate: The modification factor for the total premium before applying premium discount.  |
| <b>PREMIUM</b> | <b>Standard Premium - Factored Premium</b>          | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b> | <b>Premium Discount - Factor</b>                    | Enter rate: The modification factor for premium discount. A premium discount may be applicable due to large premium levels.  |
| <b>PREMIUM</b> | <b>Premium Discount - Factored Premium</b>          | Enter amount: The modified premium amount.   |
| <b>PREMIUM</b> | <b>Expense Constant</b>                             | Enter amount: The modified premium amount including the flat amount of the expense constant as applicable per the state rating manual.                             |
| <b>PREMIUM</b> | <b>Taxes/Assessments *</b>                          | Enter amount: The modified premium amount including state taxes and assessments applicable.  |
| <b>PREMIUM</b> | <b>Optional Line (Blank Space)</b>                  | Enter text: The description of optional factors, charges or credits that are required or applicable.   |
| <b>PREMIUM</b> | <b>Factor</b>                                       | Enter rate: The modification factor for optional factors, charges or credits that are required or applicable.  |
| <b>PREMIUM</b> | <b>Factored Premium</b>                             | Enter amount: The modified premium amount.   |

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| <b>PREMIUM</b> | <b>Total Estimated Annual Premium</b> | Enter amount: The amount resulting from applying all modifications, discounts, taxes and other rating criteria to the estimated pre-modified premium for this state. |
| <b>PREMIUM</b> | <b>Minimum Premium</b>                | Enter amount: The minimum premium amount required by company rules for this state.   |
| <b>PREMIUM</b> | <b>Deposit Premium</b>                | Enter amount: The amount of deposit required by rules for this state.  |
| <b>REMARKS</b> | <b>Remarks</b>                        | Enter text: The remarks associated with the state. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.                                |

**Form Page 3**

| <b>Section Name</b>                             | <b>Field Name</b>         | <b>Description</b>   |
|---|---------------------------|--|
| <b>IDENTIFICATION SECTION</b>                   | <b>Agency Customer ID</b> | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).                   |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Loss Run Attached</b>  | Check the box (if applicable): Indicates a loss run is attached to this policy.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Year</b>               | Enter year: The year the prior coverage policy term became effective.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Co</b>                 | Enter text: The name of the previous insurer.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Pol #</b>              | Enter identifier: The policy number of the previous coverage.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Annual Premium</b>     | Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Mod</b>                | Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.                         |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b># Claims</b>           | Enter number: The total number of claims for the corresponding policy period.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Amount Paid</b>        | Enter amount: The amount that has been paid on this claim to date.   |

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| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Reserve</b>        | Enter amount: The reserve amount the previous carrier is holding open for this claim.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Year</b>           | Enter year: The year the prior coverage policy term became effective.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Co</b>             | Enter text: The name of the previous insurer.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Pol #</b>          | Enter identifier: The policy number of the previous coverage.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Annual Premium</b> | Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Mod</b>            | Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.                         |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b># Claims</b>       | Enter number: The total number of claims for the corresponding policy period.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Amount Paid</b>    | Enter amount: The amount that has been paid on this claim to date.   |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Reserve</b>        | Enter amount: The reserve amount the previous carrier is holding open for this claim.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Year</b>           | Enter year: The year the prior coverage policy term became effective.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Co</b>             | Enter text: The name of the previous insurer.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Pol #</b>          | Enter identifier: The policy number of the previous coverage.  |

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| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Annual Premium</b> | Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Mod</b>            | Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.                         |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b># Claims</b>       | Enter number: The total number of claims for the corresponding policy period.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Amount Paid</b>    | Enter amount: The amount that has been paid on this claim to date.   |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Reserve</b>        | Enter amount: The reserve amount the previous carrier is holding open for this claim.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Year</b>           | Enter year: The year the prior coverage policy term became effective.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Co</b>             | Enter text: The name of the previous insurer.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Pol #</b>          | Enter identifier: The policy number of the previous coverage.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Annual Premium</b> | Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Mod</b>            | Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.                         |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b># Claims</b>       | Enter number: The total number of claims for the corresponding policy period.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b> | <b>Amount Paid</b>    | Enter amount: The amount that has been paid on this claim to date.   |

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| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b>       | <b>Reserve</b>  | Enter amount: The reserve amount the previous carrier is holding open for this claim.   |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b>       | <b>Year</b>   | Enter year: The year the prior coverage policy term became effective.   |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b>       | <b>Co</b>   | Enter text: The name of the previous insurer.   |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b>       | <b>Pol #</b>  | Enter identifier: The policy number of the previous coverage.   |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b>       | <b>Annual Premium</b>                                 | Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b>       | <b>Mod</b>  | Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b>       | <b># Claims</b>                                       | Enter number: The total number of claims for the corresponding policy period.   |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b>       | <b>Amount Paid</b>                                    | Enter amount: The amount that has been paid on this claim to date.  |
| <b>PRIOR CARRIER INFORMATION / LOSS HISTORY</b>       | <b>Reserve</b>  | Enter amount: The reserve amount the previous carrier is holding open for this claim.   |
| <b>NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS</b> | <b>Nature of Business / Description of Operations</b> | <p>Enter text: The text description of the operations of this risk or insured. As used here, this section informs the underwriter of each applicant's business and the way it is conducted by premises. Operations, which may not be apparent in a general description, may be segmented by location. For example, location #1 may be the general offices while location #2 may be the warehouse. The section should include enough detail to enable the underwriter to understand and classify each operation. Do not use the classification phraseology from the Commercial Lines Manual or Workers' Compensation Manual, because they do not provide adequate detail.</p> <p>For example, a manufacturer of pulley wheels used in sewing machines should be described as such and not as "Metal Goods Mfg. N.O.C."</p> |

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| <b>GENERAL INFORMATION</b> | <b>1. Does applicant own, operate or lease aircraft / watercraft?</b>   | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does applicant own, operate or lease aircraft or watercraft?".  |
| <b>GENERAL INFORMATION</b> | <b>Remarks</b>  | Enter text: A statement explaining if applicant owns, operates or leases aircraft / watercraft.   |
| <b>GENERAL INFORMATION</b> | <b>2. Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?</b> | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?". |
| <b>GENERAL INFORMATION</b> | <b>Remarks</b>  | Enter text: An explanation of any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material.  |
| <b>GENERAL INFORMATION</b> | <b>3. Any work performed underground or above 15 feet?</b>  | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any work performed underground or above 15 feet?".  |
| <b>GENERAL INFORMATION</b> | <b>Remarks</b>  | Enter text: An explanation of any work performed underground or above 15 ft.  |
| <b>GENERAL INFORMATION</b> | <b>4. Any work performed on barges, vessels, docks or bridge over water?</b>  | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is work performed on barges, vessels, docks, bridge over water?".   |
| <b>GENERAL INFORMATION</b> | <b>Remarks</b>  | Enter text: An explanation of any work performed on barges, vessels, docks or bridges over water.   |
| <b>GENERAL INFORMATION</b> | <b>5. Is applicant engaged in any other type of business?</b>   | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is applicant engaged in any other type of business?".   |
| <b>GENERAL INFORMATION</b> | <b>Remarks</b>  | Enter text: A statement explaining if applicant engaged in any other type of business.  |
| <b>GENERAL INFORMATION</b> | <b>6. Are subcontractors used?</b>  | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are subcontractors used?".  |
| <b>GENERAL INFORMATION</b> | <b>Remarks</b>  | Enter text: A statement explaining if subcontractors are used.  |
| <b>GENERAL INFORMATION</b> | <b>7. Any work sublet without certificates of insurance?</b>  | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any work sublet without certificates of insurance?".  |
| <b>GENERAL INFORMATION</b> | <b>Remarks</b>  | Enter text: An explanation of any work sublet without certificates of insurance.  |
| <b>GENERAL INFORMATION</b> | <b>8. Is a written safety program in operation?</b>   | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is a written safety program in operation?".   |
| <b>GENERAL INFORMATION</b> | <b>Remarks</b>  | Enter text: An explanation of any written safety program in operation.  |

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| <b>GENERAL INFORMATION</b>             | <b>9. Any group transportation provided?</b>                           | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any group transportation provided?".                          |
| <b>GENERAL INFORMATION</b>             | <b>Remarks</b>   | Enter text: An explanation of any group transportation provided.  |
| <b>GENERAL INFORMATION</b>             | <b>10. Any employees under 16 or over 60 years of age?</b>             | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any employees under 16 or over 60 years of age?".             |
| <b>GENERAL INFORMATION</b>             | <b>Remarks</b>   | Enter text: An explanation of any employees under 16 or over 60 years of age.   |
| <b>GENERAL INFORMATION</b>             | <b>11. Any seasonal employees?</b>                                     | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any seasonal employees?".                                     |
| <b>GENERAL INFORMATION</b>             | <b>Remarks</b>   | Enter text: An explanation of any seasonal employees.   |
| <b>GENERAL INFORMATION</b>             | <b>12. Is there any volunteer or donated labor?</b>                    | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there any volunteer or donated labor?".                    |
| <b>GENERAL INFORMATION</b>             | <b>Remarks</b>   | Enter text: An explanation of any volunteer or donated labor.   |
| <b>GENERAL INFORMATION</b>             | <b>13. Any employees with physical handicaps?</b>                      | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any employees with physical handicaps?".                      |
| <b>GENERAL INFORMATION</b>             | <b>Remarks</b>   | Enter text: An explanation of any employees with physical handicaps.  |
| <b>GENERAL INFORMATION</b>             | <b>14. Do employees travel out of state?</b>                           | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do employees travel out of state?".                           |
| <b>GENERAL INFORMATION</b>             | <b>Remarks</b>   | Enter text: An explanation of any employees who travel out of state.  |
| <b>GENERAL INFORMATION</b>             | <b>15. Are athletic teams sponsored?</b>                               | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are athletic teams sponsored?".                               |
| <b>GENERAL INFORMATION</b>             | <b>Remarks</b>   | Enter text: An explanation of any athletic teams that are sponsored.  |
| <b>GENERAL INFORMATION (continued)</b> | <b>16. Are physicals required after offers of employment are made?</b> | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are physicals required after offers of employment are made?". |
| <b>GENERAL INFORMATION (continued)</b> | <b>Remarks</b>   | Enter text: A statement explaining if physicals are required after offers of employment are made.   |

**Form Page 4**

| <b>Section Name</b>           | <b>Field Name</b>         | <b>Description</b>   |
|-------------------------------|---------------------------|--|
| <b>IDENTIFICATION SECTION</b> | <b>Agency Customer ID</b> | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage). |



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| <b>GENERAL INFORMATION (continued)</b> | <b>17. Any other insurance with this insurer?</b>   | Enter Y for a "Yes" response. Input N for No"response. Indicates the response to the question, "Any other insurance with this company?".  |
| <b>GENERAL INFORMATION (continued)</b> | <b>Remarks</b>  | Enter text: An explanation of any other insurance with this insurer.  |
| <b>GENERAL INFORMATION (continued)</b> | <b>18. Any prior coverage declined/cancelled/non-renewed in the last three (3) years?</b> | Enter Y for a "Yes" response. Input N for No"response. Indicates the response to the question, "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years (Not applicable in Missouri)?". |
| <b>GENERAL INFORMATION (continued)</b> | <b>Remarks</b>  | Enter text: An explanation of any prior coverage declined/cancelled/non-renewed in the last three (3) years.  |
| <b>GENERAL INFORMATION (continued)</b> | <b>19. Are employee health plans provided?</b>  | Enter Y for a "Yes" response. Input N for No"response. Indicates the response to the question, "Is there an Employee Health Plan provided?".  |
| <b>GENERAL INFORMATION (continued)</b> | <b>Remarks</b>  | Enter text: An explanation of any employee health plans provided.   |
| <b>GENERAL INFORMATION (continued)</b> | <b>20. Do any employees perform work for other businesses or subsidiaries?</b>            | Enter Y for a "Yes" response. Input N for No"response. Indicates the response to the question, "Do any employees perform work for other businesses or subsidiaries?".   |
| <b>GENERAL INFORMATION (continued)</b> | <b>Remarks</b>  | Enter text: An explanation of any employees who perform work for other businesses or subsidiaries.  |
| <b>GENERAL INFORMATION (continued)</b> | <b>21. Do you lease employees to or from other employers ?</b>                            | Enter Y for a "Yes" response. Input N for No"response. Indicates the response to the question, "Do you lease employees to or from other employers?".  |
| <b>GENERAL INFORMATION (continued)</b> | <b>Remarks</b>  | Enter text: An explanation of any employees leased to or from other employers.  |
| <b>GENERAL INFORMATION (continued)</b> | <b>22. Do any employees predominantly work at home?</b>                                   | Enter Y for a "Yes" response. Input N for No"response. Indicates the response to the question, "Do employees predominantly work from home?".  |
| <b>GENERAL INFORMATION (continued)</b> | <b>If "YES", # of employees:</b>  | Enter number: The number of employees that predominantly work from home.  |
| <b>GENERAL INFORMATION (continued)</b> | <b>Remarks</b>  | Enter text: An explanation of any employees predominantly working at home.  |
| <b>GENERAL INFORMATION (continued)</b> | <b>23. Any tax liens or bankruptcy within the last five (5) years?</b>                    | Enter Y for a "Yes" response. Input N for No"response. Indicates the response to the question, "Any tax liens or bankruptcy within the past mandated number of years?".   |
| <b>GENERAL INFORMATION (continued)</b> | <b>Remarks</b>  | Enter text: An explanation of any tax liens or bankruptcy within the last five (5) years.   |

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| <b>GENERAL INFORMATION<br/>(continued)</b> | <b>24. Any undisputed and unpaid workers compensation premium due from you or any company managed or owned enterprises?</b> | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises?".   |
| <b>GENERAL INFORMATION<br/>(continued)</b> | <b>Remarks</b>  | Enter text: An explanation of any undisputed and unpaid workers compensation premium due from you or any company managed or owned enterprises.  |
| <b>SIGNATURE</b>                           | <b>Notice of Information Practices (Privacy) checkbox</b>   | Check the box (if applicable): Indicates that a copy of the Notice of Information Practices (ACORD 38 or state specific ACORD 38) has been given to the applicant. State specific 38s are available for applicants in AZ, DE, KS, MN, ND, NY, OR, VA, and WV. In addition, ACORD 38 contains CA and MA state specific language. |
| <b>SIGNATURE</b>                           | <b>Applicant's Initials</b>   | Initial here: The named insured's initials.   |
| <b>SIGNATURE</b>                           | <b>Applicant's Signature</b>  | Sign here: Accommodates the signature of the applicant or named insured.  |
| <b>SIGNATURE</b>                           | <b>Date</b>   | Enter date: The date the form was signed by the named insured.  |
| <b>SIGNATURE</b>                           | <b>Producer's Signature</b>   | Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.   |
| <b>SIGNATURE</b>                           | <b>National Producer Number</b>   | Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.   |

| Section Name                               | Field Name   | Field and/or Section Description  |
|--|--|---|
| <b>TITLE</b><br><b>ACORD 133 (2012/12)</b> | <b>Workers Compensation Insurance Plan Assigned Risk Section</b> | <p>The title of the form. ACORD 133, Workers Compensation Insurance Plan Assigned Risk Section, is designed to be used in conjunction with the ACORD Workers Compensation Application (ACORD 130). These two forms collect the data necessary for submitting assigned risk business.</p> <p>Please answer all questions thoroughly. Any omission may result in delay or denial of coverage. Where space restricts a complete answer, attach answer on a separate sheet of paper. These applications do not provide coverage.</p> <p>Refer to the National Council on Compensation Insurance Inc. (NCCI) WCIP State Instruction pages for state specific instructions on completing the ACORD 133 and ACORD 130 for WCIP business.</p> <p>All questions regarding the preparation of this form should be referred to the NCCI Service Center shown on the state instruction pages.</p> |
| <b>IDENTIFICATION SECTION</b>              | <b>Agency Customer ID</b>  | Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).   |
| <b>APPLICANT INFORMATION SECTION</b>       | <b>Date</b>  | Enter date: The date on which the form is completed.  |
| <b>APPLICANT INFORMATION SECTION</b>       | <b>Applicant Name</b>  | Enter text: The named insured(s) as it/they will appear on the policy declarations page. As used here, enter the complete legal name of the employer. Provide all applicable D.B.A.'s (Doing business as). If more than one named insured, please submit appropriate ERM-14 form(s) "Confidential Request for Information." Contact NCCI for this form.   |
| <b>APPLICANT INFORMATION SECTION</b>       | <b>Proposed Effective Date</b>                                   | Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. As used here, enter the proposed policy effective date. Such requested effective date shall be the later of the following options: <ol style="list-style-type: none"> <li>1. 12:01 A.M. on the date following the receipt by the Plan Administrator of a complete and eligible application,</li> <li>2. the date of expiration of existing coverage, or</li> <li>3. a date the application requested.</li> </ol>   |
| <b>APPLICANT INFORMATION SECTION</b>       | <b>Payroll Office Name and Address</b>                           | Enter text: The full name of the location. As used here, list the company name, physical address and telephone number where payroll records are maintained. A P.O. box address only is not acceptable.  |

| Section Name                  | Field Name  | Field and/or Section Description   |
|-------------------------------|---|--|
| APPLICANT INFORMATION SECTION |   | Enter text: The first address line of the physical location.   |
| APPLICANT INFORMATION SECTION |   | Enter text: The second address line of the physical location.  |
| APPLICANT INFORMATION SECTION |   | Enter text: The city of the physical location.   |
| APPLICANT INFORMATION SECTION |   | Enter code: The state or province of the physical location.  |
| APPLICANT INFORMATION SECTION |   | Enter code: The postal code of the physical location.  |
| APPLICANT INFORMATION SECTION |   | Enter number: The primary phone number of the location.  |
| SUPPLEMENTAL INFORMATION      | <b>State Developing Highest Payroll</b>   | Enter code: The state which generates the highest payroll. Follow all specific instructions for this state.  |
| SUPPLEMENTAL INFORMATION      | <b>Has there been previous workers compensation coverage: In this state? Yes</b>      | Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been previous workers compensation coverage in this state?". As used here, If there was no prior coverage, indicate why by checking the appropriate box for either new business, self insured (independent or group), or insufficient number of employees. |
| SUPPLEMENTAL INFORMATION      | <b>Has there been previous workers compensation coverage: In this state? No</b>       | Check the box (if applicable): Indicates a "No" response to the question, "Has there been previous workers compensation coverage in this state?".  |
| SUPPLEMENTAL INFORMATION      | <b>Has there been previous workers compensation coverage: In any other state? Yes</b> | Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been previous workers compensation coverage in any other state?".  |
| SUPPLEMENTAL INFORMATION      | <b>Has there been previous workers compensation coverage: In any other state? No</b>  | Check the box (if applicable): Indicates a "No" response to the question, "Has there been previous workers compensation coverage in any other state?".   |
| SUPPLEMENTAL INFORMATION      | <b>If No to Both - New Business</b>   | Check the box (if applicable): Indicates the response expected from the company is a new issued policy.  |
| SUPPLEMENTAL INFORMATION      | <b>If No to Both - Self Insured-Indep</b>   | Check the box (if applicable): Indicates if the insured is independently self-insured.   |
| SUPPLEMENTAL INFORMATION      | <b>If No to Both - Self Insured-Group</b>   | Check the box (if applicable): Indicates if the insured is self-insured as part of a group.  |

| <b>Section Name</b>             | <b>Field Name</b>  | <b>Field and/or Section Description</b>  |
|---------------------------------|--|--|
| <b>SUPPLEMENTAL INFORMATION</b> | <b>If No to Both - # Employees</b>   | Check the box (if applicable): Indicates there was no previous coverage due to the number of employees.  |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprises? Yes</b>       | Check the box (if applicable): Indicates a "Yes" response to the question, "Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprise?". As used here, if "YES", explain, including entity name(s) and policy number(s). Details of any outstanding obligations must be furnished in the available space. If more space is required use the Remarks Section or attach additional sheets of paper.  |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprises? No</b>        | Check the box (if applicable): Indicates a "No" response to the question, "Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprise?".  |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Explain</b>   | Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.  |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Year Applicant's Business Began</b>   | Enter year: The year the business was started.   |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Has there been a name change, consolidation, merger or ownership change during the past five years? Yes</b>                             | Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been a name change, consolidation, merger, acquisition, sale, purchase or transfer of assets or ownership change during the past mandated number of years?". As used here, a signed ERM-14 form "Confidential Request for Information," must accompany the application if a name or ownership change has occurred over the past five years, and has not already been reported. Contact NCCI for this form.           |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Has there been a name change, consolidation, merger or ownership change during the past five years? No</b>                              | Check the box (if applicable): Indicates a "No" response to the question, "Has there been a name change, consolidation, merger, acquisition, sale, purchase or transfer of assets or ownership change during the past mandated number of years?".  |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Is applicant related through common management or ownership to any entity not listed here, whether coverage is required or not? Yes</b> | Check the box (if applicable): Indicates a "Yes" response to the question, "Is the applicant related through common management or ownership to any entity not listed here whether coverage is required or not?". As used here, a signed ERM-14 form "Confidential Request for Information," must accompany the application if applicant is related through common management or ownership to any entity not listed on the ACORD 130 form, whether coverage is required or not. Contact NCCI for this form. |

| <b>Section Name</b>             | <b>Field Name</b>   | <b>Field and/or Section Description</b>   |
|---------------------------------|---|---|
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Is applicant related through common management or ownership to any entity not listed here, whether coverage is required or not? No</b> | Check the box (if applicable): Indicates a "No" response to the question, "Is the applicant related through common management or ownership to any entity not listed here whether coverage is required or not?".                       |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Do you lease workers from a professional employers organization? Yes</b>   | Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease workers from a professional employer organization (PEO)?". As used here, refer to the WCIP state instruction sheet for state requirements.   |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Do you lease workers from a professional employers organization? No</b>  | Check the box (if applicable): Indicates a "No" response to the question, "Do you lease workers from a professional employer organization (PEO)?".  |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Name of Professional Employer Organization (PEO)</b>   | Enter Text: The full name of the employer organization (PEO).   |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Do you lease workers to a client company? Yes</b>  | Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease workers to a client company?". As used here, refer to the WCIP state instruction sheet for state requirements.                               |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Do you lease workers to a client company? No</b>   | Check the box (if applicable): Indicates a "No" response to the question, "Do you lease workers to a client company?".  |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Are you seeking to cover the leased workers? Yes</b>   | Check the box (if applicable): Indicates a "Yes" response to the question, "Are you seeking to cover the leased workers?". As used here, refer to the WCIP state instruction sheet for state requirements.                            |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Are you seeking to cover the leased workers? No</b>  | Check the box (if applicable): Indicates a "No" response to the question, "Are you seeking to cover the leased workers?".   |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Do you provide temporary arrangement services to other employers? Yes</b>  | Check the box (if applicable): Indicates a "Yes" response to the question, "Do you provide temporary arrangement services to other employers?". As used here, if "YES", provide a completed Temporary Labor Contractor Employee form. |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Do you provide temporary arrangement services to other employers? No</b>   | Check the box (if applicable): Indicates a "No" response to the question, "Do you provide temporary arrangement services to other employers?".  |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Do you have a franchise or licensing agreement? Yes</b>  | Check the box (if applicable): Indicates a "Yes" response to the question, "Do you have a franchise or licensing agreement?". As used here, If "YES", provide a copy of the agreement.  |
| <b>SUPPLEMENTAL INFORMATION</b> | <b>Do you have a franchise or licensing agreement? No</b>   | Check the box (if applicable): Indicates a "No" response to the question, "Do you have a franchise or licensing agreement?".  |

| Section Name             | Field Name   | Field and/or Section Description  |
|--------------------------|--|---|
| SUPPLEMENTAL INFORMATION | Is coverage requested for a sports team? Yes   | Check the box (if applicable): Indicates a "Yes" response to the question, "Is coverage requested for a sports team?". As used here, if "YES", provide the name of the sports team and domiciled state in the space provided.   |
| SUPPLEMENTAL INFORMATION | Is coverage requested for a sports team? No  | Check the box (if applicable): Indicates a "No" response to the question, "Is coverage requested for a sports team?".   |
| SUPPLEMENTAL INFORMATION | Name of Sports Team  | Enter text: The name of a sports team for which coverage is being requested.  |
| SUPPLEMENTAL INFORMATION | Domiciled State  | Enter text: The state or province code where a sports team is domiciled.  |
| SUPPLEMENTAL INFORMATION | Do trucking classifications apply? Yes   | Check the box (if applicable): Indicates a "Yes" response to the question, "Do trucking classifications apply?". As used here, if yes, complete questions 13 - 20.  |
| SUPPLEMENTAL INFORMATION | Do trucking classifications apply? No  | Check the box (if applicable): Indicates a "No" response to the question, "Do trucking classifications apply?".   |
| SUPPLEMENTAL INFORMATION | Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight? Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight?". As used here, if "YES", list the complete address for each base terminal which is used by the drivers to load, unload, and/or transfer freight on a regular basis. |
| SUPPLEMENTAL INFORMATION | Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight? No  | Check the box (if applicable): Indicates a "No" response to the question, "Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight?".   |
| SUPPLEMENTAL INFORMATION | #1 Street  | Enter text: The first address line of the physical location.  |
| SUPPLEMENTAL INFORMATION | #1 City  | Enter text: The city of the physical location.  |
| SUPPLEMENTAL INFORMATION | #1 County  | Enter text: The county of the location.   |
| SUPPLEMENTAL INFORMATION | #1 ST  | Enter code: The state or province of the physical location.   |
| SUPPLEMENTAL INFORMATION | #1 Zip Code  | Enter code: The postal code of the physical location.   |
| SUPPLEMENTAL INFORMATION | #2 Street  | Enter text: The first address line of the physical location.  |

| Section Name             | Field Name   | Field and/or Section Description   |
|--------------------------|--|--|
| SUPPLEMENTAL INFORMATION | #2 City  | Enter text: The city of the physical location.   |
| SUPPLEMENTAL INFORMATION | #2 County  | Enter text: The county of the location.  |
| SUPPLEMENTAL INFORMATION | #2 ST  | Enter code: The state or province of the physical location.  |
| SUPPLEMENTAL INFORMATION | #2 Zip Code  | Enter code: The postal code of the physical location.  |
| SUPPLEMENTAL INFORMATION | #3 Street  | Enter text: The first address line of the physical location.   |
| SUPPLEMENTAL INFORMATION | #3 City  | Enter text: The city of the physical location.   |
| SUPPLEMENTAL INFORMATION | #3 County  | Enter text: The county of the location.  |
| SUPPLEMENTAL INFORMATION | #3 ST  | Enter code: The state or province of the physical location.  |
| SUPPLEMENTAL INFORMATION | #3 Zip Code  | Enter code: The postal code of the physical location.  |
| SUPPLEMENTAL INFORMATION | Can each driver's state or majority driving time be established through verifiable records or logs?<br>Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Can each driver's state of majority driving time be established through verifiable records or logs?". As used here, If the state of majority driving time can be established for each driver through verifiable logs or records, list the state for each driver in the appropriate section of question 15. |
| SUPPLEMENTAL INFORMATION | Can each driver's state or majority driving time be established through verifiable records or logs?<br>No  | Check the box (if applicable): Indicates a "No" response to the question, "Can each driver's state of majority driving time be established through verifiable records or logs?".   |
| SUPPLEMENTAL INFORMATION | #1 Driver Name   | Enter text: The driver's full name.  |
| SUPPLEMENTAL INFORMATION | #1 Terminal #  | Enter number: The producer assigned number of the location.  |
| SUPPLEMENTAL INFORMATION | #1 Majority Driving State  | Enter code: The state or province where the driver does the majority of their driving.   |
| SUPPLEMENTAL INFORMATION | #1 Residence State   | Enter code: The state or province of the driver.   |



| Section Name             | Field Name  | Field and/or Section Description  |
|--------------------------|---|---|
| SUPPLEMENTAL INFORMATION | #2 Driver Name  | Enter text: The driver's full name.   |
| SUPPLEMENTAL INFORMATION | #2 Terminal #   | Enter number: The producer assigned number of the location.   |
| SUPPLEMENTAL INFORMATION | #2 Majority Driving State   | Enter code: The state or province where the driver does the majority of their driving.  |
| SUPPLEMENTAL INFORMATION | #2 Residence State  | Enter code: The state or province of the driver.  |
| SUPPLEMENTAL INFORMATION | #3 Driver Name  | Enter text: The driver's full name.   |
| SUPPLEMENTAL INFORMATION | #3 Terminal #   | Enter number: The producer assigned number of the location.   |
| SUPPLEMENTAL INFORMATION | #3 Majority Driving State   | Enter code: The state or province where the driver does the majority of their driving.  |
| SUPPLEMENTAL INFORMATION | #3 Residence State  | Enter code: The state or province of the driver.  |
| SUPPLEMENTAL INFORMATION | What type(s) of goods are being hauled?                             | Enter text: The type(s) of goods that are being hauled.   |
| SUPPLEMENTAL INFORMATION | Do you own these goods? Yes   | Check the box (if applicable): Indicates a "Yes" response to the question, "Do you own goods that are being hauled?".   |
| SUPPLEMENTAL INFORMATION | Do you own these goods? No  | Check the box (if applicable): Indicates a "No" response to the question, "Do you own goods that are being hauled?".  |
| SUPPLEMENTAL INFORMATION | Is applicant under exclusive contract with any retail store(s)? Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Is applicant under exclusive contract with any retail stores?". As used here, if "YES", provide a copy of contract(s).  |
| SUPPLEMENTAL INFORMATION | Is applicant under exclusive contract with any retail store(s)? No  | Check the box (if applicable): Indicates a "No" response to the question, "Is applicant under exclusive contract with any retail stores?".  |
| SUPPLEMENTAL INFORMATION | Is applicant under exclusive contract with any postal service? Yes  | Check the box (if applicable): Indicates a "Yes" response to the question, "Is applicant under exclusive contract with any postal service?". As used here, if "YES", provide a copy of contract(s). |
| SUPPLEMENTAL INFORMATION | Is applicant under exclusive contract with any postal service? No   | Check the box (if applicable): Indicates a "No" response to the question, "Is applicant under exclusive contract with any postal service?".   |
| SUPPLEMENTAL INFORMATION | Within what mile radius is hauling done?                            | Enter number: The radius in whole numbers within which hauling is done.   |

| Section Name  | Field Name  | Field and/or Section Description   |
|---|---|--|
| <b>IDENTIFICATION SECTION</b>                                 | <b>Agency Customer ID</b>   | Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).  |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b> | <b>Have you received any offers of voluntary coverage? Yes</b>  | Check the box (if applicable): Indicates a "Yes" response to the question, "Have you received any offers of voluntary coverage?". As used here, an offer of voluntary coverage will affect an applicant's eligibility for Plan coverage; therefore voluntary offers of coverage must be fully and completely described including plan terms.   |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b> | <b>Have you received any offers of voluntary coverage? No</b>   | Check the box (if applicable): Indicates a "No" response to the question, "Have you received any offers of voluntary coverage?".   |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b> | <b>Explain</b>  | Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.  |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b> | <b>Indicate the number of insurance companies which have refused the applicant coverage in the last 60 days (or in accordance with state specific guidelines)</b> | Enter number: The number of insurance companies that have refused the applicant coverage in the past specified time. As used here, refer to the state instructions for requirements regarding the number of refusals needed before an applicant is eligible for the state's WCIP coverage. Refusal must come from non-affiliated insurers who are licensed and actively writing workers compensation insurance in the state of application. The employer and/or its representative must retain in file the refusing carrier's name, contact person, address, phone number and date of refusal. |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b> | <b>Company Name One</b>   | Enter text: The full name of an insurer that has rejected coverage for the applicant.  |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b> | <b>Representative Name One</b>  | Enter text: The full name of the representative of the insurer that has rejected coverage for the applicant.   |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b> | <b>Telephone Number One</b>   | Enter number: The phone number of the insurer rejecting coverage.  |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b> | <b>Date of Refusal One</b>  | Enter date: The date the insurer refused coverage.   |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b> | <b>Comments One</b>   | Enter text: The comments regarding the refusal of insurance.   |

| <b>Section Name</b>  | <b>Field Name</b>                | <b>Field and/or Section Description</b>  |
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| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Company Name Two</b>          | Enter text: The full name of an insurer that has rejected coverage for the applicant.                        |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Representative Name Two</b>   | Enter text: The full name of the representative of the insurer that has rejected coverage for the applicant. |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Telephone Number Two</b>      | Enter number: The phone number of the insurer rejecting coverage.  |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Date of Refusal Two</b>       | Enter date: The date the insurer refused coverage.   |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Comments Two</b>              | Enter text: The comments regarding the refusal of insurance.   |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Company Name Three</b>        | Enter text: The full name of an insurer that has rejected coverage for the applicant.                        |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Representative Name Three</b> | Enter text: The full name of the representative of the insurer that has rejected coverage for the applicant. |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Telephone Number Three</b>    | Enter number: The phone number of the insurer rejecting coverage.  |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Date of Refusal Three</b>     | Enter date: The date the insurer refused coverage.   |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Comments Three</b>            | Enter text: The comments regarding the refusal of insurance.   |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Company Name Four</b>         | Enter text: The full name of an insurer that has rejected coverage for the applicant.                        |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Representative Name Four</b>  | Enter text: The full name of the representative of the insurer that has rejected coverage for the applicant. |

| <b>Section Name</b>  | <b>Field Name</b>   | <b>Field and/or Section Description</b>   |
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| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Telephone Number Four</b>  | Enter number: The phone number of the insurer rejecting coverage.   |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Date of Refusal Four</b>   | Enter date: The date the insurer refused coverage.  |
| <b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b> | <b>Comments Four</b>  | Enter text: The comments regarding the refusal of insurance.  |
| <b>PREMIUM PAYMENT</b>   | <b>Is the premium financed through a third party premium finance company? Yes</b>   | Check the box (if applicable): Indicates the premium has been financed. As used here, if "YES", provide a copy of the agreement.  |
| <b>PREMIUM PAYMENT</b>   | <b>Is the premium financed through a third party premium finance company? No</b>  | Check the box (if applicable): Indicates the premium has not been financed.   |
| <b>PREMIUM PAYMENT</b>   | <b>In applicable jurisdictions on qualifying risk, is the loss sensitive rating program (LSRP) contingency deposit being paid in full at this time? Yes</b> | Check the box (if applicable): Indicates a "Yes" response to the question, "In applicable jurisdictions on qualifying risks, is the loss sensitive rating program (LSRP) contingency deposit being paid in full at this time?". |
| <b>PREMIUM PAYMENT</b>   | <b>In applicable jurisdictions on qualifying risk, is the loss sensitive rating program (LSRP) contingency deposit being paid in full at this time? No</b>  | Check the box (if applicable): Indicates a "No" response to the question, "In applicable jurisdictions on qualifying risks, is the loss sensitive rating program (LSRP) contingency deposit being paid in full at this time?".  |
| <b>REMARKS</b>   | <b>Remarks</b>  | Enter text: The remarks associated with the Workers Compensation line of business. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.   |
| <b>IDENTIFICATION SECTION</b>                                  | <b>Agency Customer ID</b>   | Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).   |

| Section Name           | Field Name  | Field and/or Section Description   |
|------------------------|---|--|
| APPLICANT'S STATEMENT  | Statement   | <p>Enter text: The description of any difficulties the applicant has had with any producer or company in regard to handling of any claim or accident report. As used here, list any exceptions with regard to bona fide disputes in the space provided. The Loss Sensitive Rating Plan acknowledgement applies only in those jurisdictions where the program has been approved for use.</p> <p>Reminder: Both the 130 and 133 applications must be signed by the insured and the producer.</p> |
| APPLICANT'S STATEMENT  | Applicant consents and agrees to receive electronically transmitted information issued by NCCI - YES (checkbox)                 | Check the box (if applicable): Indicates applicant consents and agrees to receive electronically transmitted information issued by NCCI.   |
| APPLICANT'S STATEMENT  | Applicant consents and agrees to receive electronically transmitted information issued by NCCI - NO (checkbox)                  | Check the box (if applicable): Indicates applicant does not consent and agree to receive electronically transmitted information issued by NCCI.  |
| APPLICANT'S STATEMENT  | Applicant's e-mail address  | Enter text: The named insured's primary e-mail address.  |
| APPLICANT'S STATEMENT  | Applicant consents and agrees to receive electronically transmitted information issued by the assigned carrier - YES (checkbox) | Check the box (if applicable): Indicates applicant consents and agrees to receive electronically transmitted information issued by the assigned carrier.   |
| APPLICANT'S STATEMENT  | Applicant consents and agrees to receive electronically transmitted information issued by the assigned carrier - NO (checkbox)  | Check the box (if applicable): Indicates applicant does not consent and agree to receive electronically transmitted information issued by the assigned carrier.  |
| IDENTIFICATION SECTION | Agency Customer ID  | Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).  |
| APPLICANT'S STATEMENT  | Applicant's e-mail address  | Enter text: The named insured's primary e-mail address.  |
| APPLICANT'S STATEMENT  | Applicant's Name  | Enter text: The named insured(s) as it/they will appear on the policy declarations page.   |

| Section Name             | Field Name   | Field and/or Section Description  |
|--------------------------|--|---|
| APPLICANT'S STATEMENT    | Signature  | Sign here: Accommodates the signature of the applicant or named insured. As used here, this application must be signed by an officer, owner or partner. If a person other than any of these has signed the application (e.g., spouse, trustee, general manager), attach a copy of the power of attorney. With the signature, provide the signer's name, title and signature date. |
| APPLICANT'S STATEMENT    | Date   | Enter date: The date the form was signed by the named insured.  |
| PRODUCER COMMUNICATIONS  | Producer consents and agrees to receive electronically transmitted information issued by NCCI - YES (checkbox)                 | Check the box (if applicable): Indicates producer consents and agrees to receive electronically transmitted information issued by NCCI.   |
| PRODUCER COMMUNICATIONS  | Producer consents and agrees to receive electronically transmitted information issued by NCCI - NO (checkbox)                  | Check the box (if applicable): Indicates producer does not consent and agree to receive electronically transmitted information issued by NCCI.  |
| PRODUCER COMMUNICATIONS  | Producer's e-mail address  | Enter text: The producer's contact person e-mail address.   |
| PRODUCER COMMUNICATIONS  | Producer consents and agrees to receive electronically transmitted information issued by the assigned carrier - YES (checkbox) | Check the box (if applicable): Indicates producer consents and agrees to receive electronically transmitted information issued by the assigned carrier.   |
| PRODUCER COMMUNICATIONS  | Producer consents and agrees to receive electronically transmitted information issued by the assigned carrier - NO (checkbox)  | Check the box (if applicable): Indicates producer does not consent and agree to receive electronically transmitted information issued by the assigned carrier.  |
| PRODUCER COMMUNICATIONS  | Producer's e-mail address  | Enter text: The producer's contact person e-mail address.   |
| PRODUCER'S CERTIFICATION | Agency FEIN  | Enter identifier: The producer's tax identification number.   |
| PRODUCER'S CERTIFICATION | Agency License Number  | Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.   |
| PRODUCER'S CERTIFICATION | Agency Phone Number  | Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.   |

| <b>Section Name</b>             | <b>Field Name</b>                  | <b>Field and/or Section Description</b>  |
|---------------------------------|------------------------------------|--|
| <b>PRODUCER'S CERTIFICATION</b> | <b>Agency Fax Number</b>           | Enter number: The fax number of the producer/agency.   |
| <b>PRODUCER'S CERTIFICATION</b> | <b>Resident License Number</b>     | Enter identifier: The State License Number of the producer.  |
| <b>PRODUCER'S CERTIFICATION</b> | <b>State</b>                       | Enter code: The state or province code of the producer's resident license.   |
| <b>PRODUCER'S CERTIFICATION</b> | <b>Expiration Date</b>             | Enter date: The date the producer's state license expires.   |
| <b>PRODUCER'S CERTIFICATION</b> | <b>Non-Resident License Number</b> | Enter identifier: The producer's non-resident license number.  |
| <b>PRODUCER'S CERTIFICATION</b> | <b>State</b>                       | Enter code: The state or province code of the producer's non-resident license.   |
| <b>PRODUCER'S CERTIFICATION</b> | <b>Expiration Date</b>             | Enter date: The date the producer's non-resident license expires.  |
| <b>PRODUCER'S CERTIFICATION</b> | <b>Producer Name</b>               | Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.  |
| <b>PRODUCER'S CERTIFICATION</b> | <b>E-Mail Address</b>              | Enter text: The producer's contact person e-mail address.  |
| <b>PRODUCER'S CERTIFICATION</b> | <b>Producer Signature</b>          | Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states. |
| <b>PRODUCER'S CERTIFICATION</b> | <b>Date</b>                        | Enter date: The date the producer signed the form.   |
| <b>Edition</b>                  | <b>Date</b>                        | The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).  |