Section Name	Field Name	Field and/or Section Description
		The title of the form. ACORD 133 TN, Tennessee Workers Compensation Insurance Plan
		Assigned Risk Supplement, is used with ACORD 130, Workers Compensation Application,
	Tennessee Workers Compensation	to apply for workers compensation insurance to the Tennessee Workers Compensation
TITLE	Insurance Plan Assigned Risk	Insurance Plan. For Rating Information and Plan Rules and Factors, go to the
ACORD 133 TN (2012/07)	Supplement	Tennessee Workers Compensation Insurance Plan web site at www.twcip.com.
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Applicant Name	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
		Enter date: The effective date of the policy. The date that the terms and conditions of the
IDENTIFICATION SECTION	Proposed Eff Date	policy commence.
	Payroll Office Name, Address, and	
IDENTIFICATION SECTION	Telephone Number	Enter text: The full name of the location.
IDENTIFICATION SECTION		Enter text: The first address line of the physical location.
IDENTIFICATION SECTION		Enter text: The second address line of the physical location.
IDENTIFICATION SECTION		Enter text: The city of the physical location.
IDENTIFICATION SECTION		Enter code: The state or province of the physical location.
IDENTIFICATION SECTION		Enter code: The postal code of the physical location.
IDENTIFICATION SECTION		Enter number: The primary phone number of the location.
DENTIL TOATION SECTION		Enter code: The state which generates the highest payroll. Follow all specific instructions
IDENTIFICATION SECTION	State Developing Highest Payroll	for this state.
IDENTIFICATION SECTION	Year Applicant's Business Began	Enter date: The date the current owners purchased or started the business.
	A Ba Wassila and Manhaura 6	Objects the beautiful and its above 10 to the disease at 10 to 10
IDENTIFICATION SECTION	1. Do You Lease Workers from a	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease
IDENTIFICATION SECTION	Labor Contractor? Yes (checkbox)	employees from a labor contractor?". As used here, if yes, refer to TWCIP instructions. Check the box (if applicable): Indicates a "No" response to the question, "Do you lease
IDENTIFICATION SECTION	No (checkbox)	employees from a labor contractor?".

Section Name	Field Name	Field and/or Section Description
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	2. Do You Lease Workers to a	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease
IDENTIFICATION SECTION	Client Company? Yes (checkbox)	workers to a client company?". As used here, if yes, refer to TWCIP instructions.
		Check the box (if applicable): Indicates a "No" response to the question, "Do you lease
IDENTIFICATION SECTION	No (checkbox)	workers to a client company?".
	3. Are You Seeking to Cover the	Check the box (if applicable): Indicates a "Yes" response to the question, "Are you seeking
IDENTIFICATION SECTION	Leased Workers? Yes (checkbox)	to cover the leased workers?". As used here, if yes, refer to TWCIP instructions.
		Check the box (if applicable): Indicates a "No" response to the question, "Are you seeking
IDENTIFICATION SECTION	No (checkbox)	to cover the leased workers?".
	4. Do You Provide Temporary	
	Labor Services to Other	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you provide
IDENTIFICATION SECTION	Employers? Yes (checkbox)	temporary labor services to other employers?".
		Check the box (if applicable): Indicates a "No" response to the question, "Do you provide
IDENTIFICATION SECTION	No (checkbox)	temporary labor services to other employers?".
	5. Do You Have a Franchise or	
	Licensing Agreement? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you have a
IDENTIFICATION SECTION	(checkbox)	franchise or licensing agreement?". As used here, if yes, provide details of the agreement.
		Check the box (if applicable): Indicates a "No" response to the question, "Do you have a
IDENTIFICATION SECTION	No (checkbox)	franchise or licensing agreement?".
	6. Do Trucking Classifications	Check the box (if applicable): Indicates a "Yes" response to the question, "Do trucking
IDENTIFICATION SECTION	Apply? Yes (checkbox)	classifications apply?". As used here, if yes, complete questions 11-13.
		Check the box (if applicable): Indicates a "No" response to the question, "Do trucking
IDENTIFICATION SECTION	No (checkbox)	classifications apply?".
		Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been
	Consolidation, Merger or	a name change, consolidation, merger or ownership change during the past five years?".
IDENTIFICATION OF CTION	Ownership Change During the	As used here, if yes, give previous name and date of change. Contact the plan
IDENTIFICATION SECTION	Past Five Years? Yes (checkbox)	administrator about an ERM-14.
IDENTIFICATION SECTION	No (absolubes)	Check the box (if applicable): Indicates a "No" response to the question, "Has there been a
IDENTIFICATION SECTION	No (checkbox)	name change, consolidation, merger or ownership change during the past five years?".

Section Name	Field Name	Field and/or Section Description
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	8. Is Applicant Related through	
	Common Management or	
	Ownership to Any Entity not Listed	Check the box (if applicable): Indicates a "Yes" response to the question, "Is the applicant
	Here, Whether Coverage is	related through common management or ownership to any entity not listed here whether
IDENTIFICATION SECTION	Required or Not? Yes (checkbox)	coverage is required or not?". As used here, if yes, give detailed explanation.
		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
IDENTIFICATION SECTION	No (checkbox)	coverage is required or not?".
	9. Is there any Unpaid Workers	
	Compensation Premium Due or in	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there any
	Dispute From You or Any	unpaid workers compensation premium due or in dispute from you or any commonly
	Commonly Managed or Owned	managed or owned enterprise?". As used here, if yes, explain including entity name(s) and
IDENTIFICATION SECTION	Enterprises? Yes (checkbox)	policy number(s).
		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
IDENTIFICATION SECTION	No (checkbox)	managed or owned enterprise?".
	40. Has there been provious	
	10. Has there been previous workers compensation coverage:	Check the box (if applicable): Indicates a "Vee" response to the guestien. "Her there been
IDENTIFICATION SECTION	In this state? Yes (checkbox)	Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been previous workers compensation coverage in this state?".
IDENTIFICATION SECTION	in this state? Tes (Checkbox)	Check the box (if applicable): Indicates a "No" response to the question, "Has there been
IDENTIFICATION SECTION	No (checkbox)	previous workers compensation coverage in this state?".
IDENTIFICATION SECTION	(Clieckbox)	previous workers compensation coverage in this state: .
	Has there been previous workers	
	compensation coverage: In any	Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been
IDENTIFICATION SECTION	other state? Yes (checkbox)	previous workers compensation coverage in any other state?".
		Check the box (if applicable): Indicates a "No" response to the question, "Has there been
IDENTIFICATION SECTION	No (checkbox)	previous workers compensation coverage in any other state?".
	,	Check the box (if applicable): Indicates the response expected from the company is a new
	If No, was this due to: New	issued policy. As used here, indicates there was no previous workers compensation
IDENTIFICATION SECTION	Business (checkbox)	insurance because this is a new business policy.
		· •
IDENTIFICATION SECTION	Self-Insured-Indep (checkbox)	Check the box (if applicable): Indicates if the insured is independently self-insured.
IDENTIFICATION SECTION	Self-Insured-Group (checkbox)	Check the box (if applicable): Indicates if the insured is self-insured as part of a group.

Section Name	Field Name	Field and/or Section Description
		Check the box (if applicable): Indicates there was no previous coverage due to the number
IDENTIFICATION SECTION	# Employees (checkbox)	of employees.
	11. Do You or Your Employees	
	Regularly Operate from a Base	
	Terminal Which is Used to Load,	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you or your
	Unload, Store or Transfer Freight?	employees regularly operate from a base terminal(s) which is (are) used to load, unload,
IDENTIFICATION SECTION	Yes (checkbox)	store or transfer freight?". As used here, if yes, provide a list of terminal addresses.
		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,
IDENTIFICATION SECTION	No (checkbox)	store or transfer freight?".
		Enter text: The first address line of the physical location. As used here, this is the location
IDENTIFICATION SECTION	Terminal Addresses: Street One	of a base terminal address.
		Enter text: The city of the physical location. As used here, this is the location of a base
IDENTIFICATION SECTION	City One	terminal address.
		Enter text: The county of the location. As used here, this is the location of a base terminal
IDENTIFICATION SECTION	County One	address.
		Enter code: The state or province of the physical location. As used here, this is the location
IDENTIFICATION SECTION	ST One	of a base terminal address.
		Enter code: The postal code of the physical location. As used here, this is the location of a
IDENTIFICATION SECTION	Zip Code One	base terminal address.
		Enter text: The first address line of the physical location. As used here, this is the location
IDENTIFICATION SECTION	Street Two	of a base terminal address.
		Enter text: The city of the physical location. As used here, this is the location of a base
IDENTIFICATION SECTION	City Two	terminal address.
		Enter text: The county of the location. As used here, this is the location of a base terminal
IDENTIFICATION SECTION	County Two	address.
IDENTIFICATION OF OTION	0.7.7	Enter code: The state or province of the physical location. As used here, this is the location
IDENTIFICATION SECTION	ST Two	of a base terminal address.
IDENTIFICATION OF OTION		Enter code: The postal code of the physical location. As used here, this is the location of a
IDENTIFICATION SECTION	Zip Code Two	base terminal address.
IDENTIFICATION OFOTION	Other of There a	Enter text: The first address line of the physical location. As used here, this is the location
IDENTIFICATION SECTION	Street Three	of a base terminal address.
IDENTIFICATION OFOTION	City Thurs	Enter text: The city of the physical location. As used here, this is the location of a base
IDENTIFICATION SECTION	City Three	terminal address.
IDENTIFICATION OF OTION	County Three	Enter text: The county of the location. As used here, this is the location of a base terminal
IDENTIFICATION SECTION	County Three	address.

Section Name	Field Name	Field and/or Section Description
		Enter code: The state or province of the physical location. As used here, this is the location
IDENTIFICATION SECTION	ST Three	of a base terminal address.
		Enter code: The postal code of the physical location. As used here, this is the location of a
IDENTIFICATION SECTION	Zip Code Three	base terminal address.
	12. Can Each Driver's State of	
	Majority Driving Time be	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you or your
	Established Through Verifiable	employees regularly operate from Can each driver's state of majority driving time be
IDENTIFICATION SECTION	Records or Logs? Yes (checkbox)	established through verifiable records or logs?".
IDENTIFICATION OF CTION	No (abaaldaas)	Check the box (if applicable): Indicates a "No" response to the question, "Can each
IDENTIFICATION SECTION	No (checkbox)	driver's state of majority driving time be established through verifiable records or logs?".
	Please Provide a List of all	
	Drivers/Helpers And Their State of	
IDENTIFICATION SECTION	Residence: 1 Driver Name One	Enter text: The driver's full name.
IDENTIFICATION SECTION	Residence. I Driver Name One	Effici text. The driver's full flame.
IDENTIFICATION SECTION	Terminal # (See Above) One	Enter number: The producer assigned number of the location.
IDENTIFICATION GEOTION		Enter Hamber. The producer designed hamber of the location.
IDENTIFICATION SECTION	Majority Driving State One	Enter code: The state or province where the driver does the majority of their driving.
	.,,	Enter code: The state or province of the driver. As used here, this is the driver's state of
IDENTIFICATION SECTION	Residence State One	residence.
IDENTIFICATION SECTION	Driver Name Two	Enter text: The driver's full name.
IDENTIFICATION SECTION	Terminal # Two	Enter number: The producer assigned number of the location.
		Enter code: The state or province where the driver does the majority of their driving. As
IDENTIFICATION SECTION	Majority Driving State Two	used here, this is the driver's state of residence.
IDENTIFICATION SECTION	Pasidanas Stata Tura	Enter and at The state or province of the driver
IDENTIFICATION SECTION	Residence State Two	Enter code: The state or province of the driver.
IDENTIFICATION SECTION	Driver Name Three	Enter text: The driver's full name.
DENTILICATION SECTION	Driver Maine Tinee	Litter text. The universituil hame.
IDENTIFICATION SECTION	Terminal # Three	Enter number: The producer assigned number of the location.
DENTI TOATION SESTION	Torriniar # Times	Enter code: The state or province where the driver does the majority of their driving. As
IDENTIFICATION SECTION	Majority Driving State Three	used here, this is the driver's state of residence.
DESTINITION OF STORY	imajority briting State Tillee	deed field, the letter detaile of residence.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Residence State Three	Enter code: The state or province of the driver.
	1. Have You Received any Offers	
	of Voluntary Coverage? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Have you
INSURANCE COMPANIES	(checkbox)	received any offers of voluntary coverage?".
		Check the box (if applicable): Indicates a "No" response to the question, "Have you
INSURANCE COMPANIES	No (checkbox)	received any offers of voluntary coverage?".
	2. Indicate the Number of	Enter number: The number of insurance companies that have refused the applicant
	Insurance Companies Which Have	coverage in the past specified time. As used here, this is the number of insurance
	Refused the Applicant Coverage in	companies that have refused coverage in the last 60 days (or in accordance with state
INSURANCE COMPANIES	the Last 60 Days.	specific guidelines). Tennessee requires two (2) or more.
	The insured elects to be excluded	
	from the list of employers in the	Check the box (if applicable): Indicates the employer has elected to be excluded from the
INSURANCE COMPANIES	assigned risk plan: Yes (checkbox)	list of employers in the assigned risk plan.
		Check the box (if applicable): Indicates the employer has elected to be included in the list
INSURANCE COMPANIES	No (checkbox)	of employers in the assigned risk plan.
		Enter text: The remarks associated with the Workers Compensation line of business.
REMARKS	Remarks	ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
PREMIUM PAYMENT	Payment Method Check # One	Enter number: The first digit of the check number.
PREMIUM PAYMENT	Payment Method Check # Two	Enter number: The second digit of the check number.
PREMIUM PAYMENT	Payment Method Check # Three	Enter number: The third digit of the check number.
PREMIUM PAYMENT	Payment Method Check # Four	Enter number: The fourth digit of the check number.
PREMIUM PAYMENT	Payment Method Check # Five	Enter number: The fifth digit of the check number.
PREMIUM PAYMENT	Payment Method Check # Six	Enter number: The sixth digit of the check number.
PREMIUM PAYMENT	Payment Method Check # Seven	Enter number: The seventh digit of the check number.
PREMIUM PAYMENT	Premium Payment Amount One	Enter number: The millions digit of the premium amount.
PREMIUM PAYMENT	Premium Payment Amount Two	Enter number: The hundred thousands digit of the premium amount.
DDEAHLINA DAYAGNIT	Duraniana Danmari Amarani Ti	
PREMIUM PAYMENT	Premium Payment Amount Three	Enter number: The ten thousands digit of the premium amount.
DDEMILINA DAYAFATA	Drawium Daymart Amazont Farm	Enter number The they sende digit of the projections are such
PREMIUM PAYMENT	Premium Payment Amount Four	Enter number: The thousands digit of the premium amount.
PREMIUM PAYMENT	Premium Payment Amount Five	Enter number: The hundreds digit of the premium amount.
PREMIUM PAYMENT	Premium Payment Amount Six	Enter number: The tens digit of the premium amount.

Section Name	Field Name	Field and/or Section Description
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PREMIUM PAYMENT	Premium Payment Amount Seven	Enter number: The ones digit of the premium amount.
PREMIUM PAYMENT	Is the Premium Financed? Yes	Check the box (if applicable): Indicates the premium has been financed.
PREMIUM PAYMENT	No (checkbox)	Check the box (if applicable): Indicates the premium has not been financed.
PREMIUM PAYMENT	If "Yes" List Finance Company	Enter text: The name of the company financing the premium, if applicable.
		Enter text: The description of any difficulties the applicant has had with any producer or
APPLICANT'S STATEMENT	Applicant's Statement	company in regard to handling of any claim or accident report.
APPLICANT'S STATEMENT	Applicant's Name and Title	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
		Enter text: The title of the individual in the organization or his relationship to the
APPLICANT'S STATEMENT		organization.
APPLICANT'S STATEMENT	Date	Enter date: The date the form was signed by the named insured.
	Signature (Must be an Owner or an	
	Officer)	Sign here: Accommodates the signature of the applicant or named insured.
PRODUCER'S		
CERTIFICATION	Agency Fein	Enter identifier: The producer's tax identification number.
PRODUCER'S	l	Enter number: The producer's contact person's phone number. If applicable, include the
CERTIFICATION	Agency Phone Number	area code and extension.
PRODUCER'S	l	
CERTIFICATION	Agency Fax Number	Enter number: The fax number of the producer/agency.
PRODUCER'S	L	
CERTIFICATION	Resident License Number	Enter identifier: The State License Number of the producer.
PRODUCER'S	Fundamentia a Data	Forten deter The dete the wood weeds state linears exprises
CERTIFICATION	Expiration Date	Enter date: The date the producer's state license expires.
PRODUCER'S CERTIFICATION	Non Booldont License Number	Enter identifier. The producer's per resident license number
PRODUCER'S	Non-Resident License Number	Enter identifier: The producer's non-resident license number.
CERTIFICATION	Expiration Date	Enter date: The date the producer's non-resident license expires.
PRODUCER'S		Enter text: The name of the individual at the producer's establishment that is the primary
CERTIFICATION	Producer Name	contact.
PRODUCER'S	Toddoor Haine	oontaot.
CERTIFICATION	Date	Enter date: The date the producer signed the form.
		Enter date. The date the producer signed the form.
PRODUCER'S		Sign here: Accommodates the signature of the authorized representative (e.g. producer,
CERTIFICATION	Producer Signature	agent, broker, etc.) by all companies to issue Certificates. This is required in most states.
JERTH IOATION	I. Ioaaooi oigilatale	ragerit, sterior, etc.) by an comparised to local Certificates. This is required in most states.

Section Name	Field Name	Field and/or Section Description
		The edition identifier of the form including the form number and edition (the date is typically
Edition	Date	formatted YYYY/MM).