

Proposed Effective Date: _____

Billing Type: Agency Bill: _____ Direct Bill: _____

Number of Installments: _____ (1 Pay, 2 Pay, 4 Pay, 8 Pay and 10 Pay)

INSURED INFORMATION

Name: _____

Mailing Address: _____

Location Address: Same as Mailing

Years in Business: _____

FEIN #: _____

Corporation LLC Partnership Sole Proprietorship Other _____

Description of Operations: _____

Contact Person: _____

Email Address: _____

Phone #: _____

Company Website: _____

of Employees: Full-Time _____ Part-Time _____

Part 1 – Workers Compensation States: _____

Part 2 – Employers Liability Limits:

Each Accident	Disease - Policy Limit	Disease - Each Employee

Individual to be Included/Excluded (Partners, Officers, Other)

Name	DOB	Title	Ownership	Duties	Include	Exclude	Class Code	Payroll
			____%					
			____%					
			____%					
			____%					

Additional Named Insureds

Named Insured	FEIN	State or Location

Rating Information

State	Class Code	Description	# Full Time Employees	# Part Time Employees	Est. Annual Payroll	Location #

Payroll / Premium History

Year	Payroll	Premium	Experience Mod
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior year			

Prior Carrier Information / Loss History

Year	Carrier / Policy Number	# of Claims	Amount Paid	Reserve

GENERAL INFORMATION

Yes No

1. Have you had any coverage declined, cancelled or non-renewed in the last 3 years?
(MO applicants do not answer this question)
2. Do you provide a medical plan for your employees?
3. Do you or employees travel on business outside of the U.S? (If yes, provide details.)

4. Any work performed above 10 feet?
5. Is there a written safety program?
6. Any tax liens or bankruptcy in the last 5 years (if yes, please specify.)

7. Is there a formal hiring process in place?
8. Is there a formal incident/claim reporting procedure?
9. Have any of the insured locations experienced an armed robbery in past 5 years?
10. Have employees received training on how to safely handle armed robbery attempts?
11. Do any employees carry firearms while at work?
12. Are the employees carrying firearms required to carry a concealed weapons license?

I understand the information reflected in this application to be true:

Applicant's Signature

Date

Producer's Signature

Date

State Fraud Warnings

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker on any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

All other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud. Penalties may include imprisonment, fines, or denial of insurance benefits.