

STATE	NAME	DOB	TITLE	DUTIES	RENUMERATION

EMPLOYEES **ESTIMATED ANNUAL** **EST. ANNUAL**
Full / Part RENUMERATION RATE PREMIUM
 (You can just attach your census)

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS FACTOR FACTORED PREMIUM
 INDIVIDUAL CORPORATION LLC
 PARTNERSHIP SUBCHAPTER "S" CORP OTHER:

ATTACH LOSS RUN

PRIOR CARRIER INFORMATION/LOSS HISTORY

YEAR	CARRIER & POLICY #	ANNUAL# OF CLAIMS	AMT PD	RESERVE
	CO: POL #			
	CO: POL #:			
	CO: POL #:			

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GENERAL INFORMATION

	Yes	No
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT	___	___
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIALS (E.G. LANDFILLS, WASTES, FUEL TANKS, ETC)	___	___
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	___	___
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? (Please describe)	___	___
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS	___	___
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)	___	___
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?	___	___
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	___	___

- 9. ANY GROUP TRANSPORTATION PROVIDED? _____
- 10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE? _____
- 11. ANY SEASONAL EMPLOYEES? _____
- NAME: _____
- 12. IS THERE ANY VOLUNTEER OR DONATED LABOR? _____
- 13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS? NAME: _____
- 14. DO EMPLOYEES TRAVEL OUT OF STATE? _____
- 15. ARE ATHLETIC TEAMS SPONSORED? NAME: _____
- 16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? _____
- 17. ANY OTHER INSURANCE WITH THIS INSURER? _____
- 18. ANY PRIOR COVERAGE DECLINED/CANCLLED/NON-RENEWED (LAST 3 YEARS) _____
- OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) _____
- 19. ARE EMPLOYEE HEALTH PLANS PROVIDED? _____
- 20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY _____
- 21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? _____
- 22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? _____
- 23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS? _____
- 24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBERS(S). _____

REMARKS

CFM

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