



## USL&H Workers Compensation and Employers Liability Application

APPLICANT: \_\_\_\_\_ FEIN # \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

**APPLICANT EXPERIENCE:**

- \_\_\_\_\_(1) How many years has the Senior Officer, Partner or Proprietor operated this or a similar business?
- \_\_\_\_\_(2) Does this applicant have evidence of continuous WC coverage over past 3 years?
- \_\_\_\_\_(3) In how many years of the last 5 years (including the current year) has at least 15% of the applicant's work (by payroll) been subject to the USL&H law?
- \_\_\_\_\_(4) Does this applicant operate from a home or residential office?
- \_\_\_\_\_(5) Have payrolls fluctuated more than 50% between any two of the last five years?

**BASIC ELIGIBILITY:**

- \_\_\_\_\_(1) What is the approximate prospective annual premium for the applicant?
- \_\_\_\_\_(2) How many states does the applicant operate in?
- \_\_\_\_\_(3) Are the USL&H payroll more than 1% of total payroll (excluding Clerical, Outside Sales and Drivers)?
- \_\_\_\_\_(4) Is the current or prospective Experience Mod greater than 1.30 or less than .60? (attach current copy)
- \_\_\_\_\_(5) How many compensable losses have occurred in past 3 years, per \$10,000 of Earned Premium? (**attach 3 years currently valued loss runs**)
- \_\_\_\_\_(6) Is the applicant in Chapter 11 Bankruptcy proceedings?
- \_\_\_\_\_(7) Has the applicant ever filed for voluntary or involuntary bankruptcy proceedings?
- \_\_\_\_\_(8) Has the applicant's insurance been cancelled or lapsed in the last 2 years due to non-payment of premium?

**RISK CHARACTERISTICS & ADDED EXPOSURES:**

- \_\_\_\_\_(1) Does the applicant use independent contractors in the conduct of its business?
- \_\_\_\_\_(2) If the applicant uses independent contractors, does the applicant obtain and retain Certificates of WC insurance?
- \_\_\_\_\_(3) Does the applicant provide a group health plan for its employees?
- \_\_\_\_\_(4) Does the applicant have an operating safety program?
- \_\_\_\_\_(5) Does the applicant own, operate or lease any aircraft to fly its employees?
- \_\_\_\_\_(6) Do employees travel out of rated states or beyond contiguous states on the applicant's business?
- \_\_\_\_\_(7) Do part time or seasonal employees make up more than 25% of the work force?
- \_\_\_\_\_(8) Is there any exposure to employee leasing, alternative staffing, temporary, volunteer or donated labor?
- \_\_\_\_\_(9) Does the applicant employ any captain or crew members of vessels not covered for injury by a P&I policy?
- \_\_\_\_\_(10) Do any employees work predominantly at home?
- \_\_\_\_\_(11) Any otherwise uninsured maritime construction or maintenance work on or from vessels used as work platforms?

**OPTIONAL MEL COVERAGE (INCIDENTAL ONLY):**

- \_\_\_\_\_(1) Will the Applicant own, lease, charter, or borrow any watercraft on a navigable waterway?
- \_\_\_\_\_(2) Will the Applicant employ anyone as a Master or Member of the crew of any watercraft on a navigable waterway?
- \_\_\_\_\_(3) Will the Applicant employ anyone to perform any work on or from a watercraft under navigation?
- \_\_\_\_\_(4) Will the Applicant contract any work to be performed on or from a watercraft under navigation without review proof of maritime coverage's for the contractor's workers?

**PROJECTED CLASS CODES AND PAYROLLS:**

State	Class Code	Payroll

**PRIOR 3 YEAR'S:**

Year	Company	Policy #	Premium

APPLICANT'S SIGNATURE \_\_\_\_\_ BROKER'S SIGNATURE \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_ NAME AND TITLE \_\_\_\_\_

DATE \_\_\_\_\_ DATE \_\_\_\_\_