

PMC Insurance Group

USL&H and WORKERS' COMPENSATION SUPPLEMENTAL INSURANCE APPLICATION

Named Insured

The following information is required for purposes of quotation in addition to:

1. Acord General Applicant Information, including a detailed description of the applicant's business and Acord Workers Compensation Application;
2. Three Years of Hard Copy Loss Runs valued not more than 3 months old;
3. Latest NCCI MOD Worksheet.

APPLICANT EXPERIENCE

1. How many years has the Senior Officer, Partner or Proprietor operated this _____
or a similar business?
If less than three years, please include resumes detailing prior similar business ownership and work experience.
2. Does the applicant have evidence of continuous WC coverage over the _____ Yes No
past three years?
If "No," please provide explanation on separate sheet.
3. In how many of the last 5 years (including the current year) have at least 10% _____
of the applicant's work (by payroll) excluding clerical, sales & drivers been
subject to USL&H law?
4. Does the applicant operate from a residential office? Yes No
5. Have payrolls fluctuated more than 50% between any two of the last 5 years? Yes No
If "Yes," please provide explanation on separate sheet.

ELIGIBILITY

1. What is the approximate annual premium for the applicant? _____
2. How many states does the applicant operate in? _____
3. Is there true USL&H payrolls for this risk? Yes No

4. Is the current or tentative Experience Mod greater than 1.25 or less than .60? Yes No
5. How many compensable losses have occurred in the past three years? _____
6. Is the applicant in Chapter 11 Bankruptcy proceedings? Yes No
7. Has the applicant ever filed for voluntary or involuntary bankruptcy proceedings? Yes No
If "Yes," please provide explanation on separate sheet.
8. Has the applicant's insurance ever been cancelled or lapsed in the last 2 years due to non-payment of premium? Yes No

RISK CHARACTERISTICS & EXPOSURES

1. Does the applicant use independent contractors in the conduct of its business? Yes No
2. If the applicant uses independent contractors, does the applicant obtain and retain Certificates of WC insurance? Yes No
3. Does the applicant provide a group health plan for its employees? Yes No
4. Does the applicant have an operating safety program? Yes No
5. Does the applicant own, operate or lease any aircraft to fly its employees? Yes No
6. Do part time or seasonal employees make up more than 25% of the work force? Yes No
7. Is there any exposure to employee leasing, alternative staffing, temporary or volunteer or donated labor? Yes No
8. Do any employees work predominantly at home? Yes No
9. Does the applicant own and/or operate any vessels or watercraft?
If "yes," please attach a schedule of owned vessels. Yes No
10. Does the applicant employ any captain or crew members of vessels not covered for injury by a P&I policy? Yes No
11. Does the P&I coverage include Jones Act (coverage for captain & crew)? Yes No
12. Does the applicant have any employees working on non-owned vessels while underway on navigable waters? Yes No

13. Do employees travel out of rated states or beyond contiguous states on the Applicants business other than for sales calls? Yes No

14. Is any otherwise uninsured work performed on or from barges or vessels as work platforms for maritime construction or maintenance? Yes No

USL&H and State Act Workers Compensation 3 Year Account Summary

Policy Term	Carrier	Payroll \$	Premium \$	No. of Claims	Paid Claims \$	Reserved Claims \$	Total Claims \$
2005							
2004							
2003							

Please comment on any losses in excess of \$25,000 on a separate sheet.

- **NO QUOTE WILL BE OFFERED UNLESS THE USL&H / STATE ACT WORKERS COMPENSATION ACCOUNT SUMMARY IS COMPLETED IN FULL FOR THE PAST THREE YEARS.**
- **Account Summary should include all Workers Compensation and Longshore payrolls, premiums and losses combined.**

Applicants Signature _____ Broker's Signature _____
 Date _____ Date _____

