

## USL&H Supplemental Application Workers' Compensation

Name of Insured: \_\_\_\_\_

### I. APPLICANT EXPERIENCE

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*

Does the applicant have proof of continuous WC coverage over the past 3 years?     Yes     No  
*If "No," please provide explanation on separate sheet.*

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? \_\_\_\_\_

Does the applicant operate from a residential office?     Yes     No

Have payrolls fluctuated more than 50% between any two of the last 5 years?     Yes     No  
*If "Yes", please provide explanation on separate sheet*

### II. ELIGIBILITY

What is the approximate annual premium for the applicant? \_\_\_\_\_

How many states does the applicant operate in? \_\_\_\_\_

Is there a true USL&H payrolls for this risk?     Yes     No

Is there a current or tentative Experience Mod greater than 1.25 or less than .60?     Yes     No

How many compensable losses have occurred in the past 3 years?

Is the applicant in Chapter 11 bankruptcy proceedings?     Yes     No

Has the applicant ever filed for voluntary or involuntary bankruptcy proceedings?     Yes     No  
*If "Yes", please provide explanation on separate sheet*

Has the applicant's insurance ever been cancelled or lapsed in the last 2 years due to non-payment of premium?     Yes     No

### III. RISK CHARACTERISTICS & EXPOSURES

Does the applicant use independent contractors in the conduct of its business?     Yes     No

If the applicant uses independent contractors, does the applicant obtain and retain Certificates of WC insurance?     Yes     No

Does the applicant provide a group health plan for its employees?     Yes     No

Does the applicant have an operating safety program?     Yes     No

Does the applicant own, operate, or lease any aircraft to fly its employees?     Yes     No

Do part time or seasonal employees make up more than 25% of the work force?     Yes     No

Is there any exposure to employee leasing, alternative staffing, temporary or volunteer or donated labor?     Yes     No

- Do any employees work predominantly at home?  Yes  No
- Does the applicant own and/or operate any vessels or watercraft?  Yes  No  
*If "Yes", please attach a schedule of owned vessels*
- Does the applicant employ any captain or crew members of vessels not covered for injury by a P&I policy?  Yes  No
- Does the P&I coverage include Jones Act (coverage for captain & crew)?  Yes  No
- Does the applicant have any employees working on non-owned vessels while underway on navigable waters?  Yes  No
- Do employees travel out of rated states or beyond contiguous states on the Applicant's business other than for sales calls?  Yes  No
- Is any otherwise uninsured work performed on or from barges or vessels as work platforms for maritime construction or maintenance?  Yes  No

#### IV. USL&H AND STATE ACT WORKERS' COMPENSATION 3 YEAR ACCOUNT SUMMARY

Policy Term	Carrier	Payroll (\$)	Premium (\$)	Claims (#)	Paid Claims (\$)	Reserved Claims (\$)	Total Claims (\$)
Prior Year							
Prior Year (1)							
Prior Year (2)							

*Please comment on any losses more than \$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.**

Applicant's Name: \_\_\_\_\_  
 (Please write or type)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_