PMC INSURANCE GROUP
A SUBSIDIARY OF ONE80 INTERMEDIARIES

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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? *If "Yes", please attach a schedule of owned vessels*	☐ Yes	☐ No
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: _____