

USL&H AND STATE ACT WORKERS' COMPENSATION

PROGRAM SUMMARY

TYPE	USL&H and State Act Workers' Compensation
MINIMUM PREMIUM	\$10,000 Minimum premium (most class codes) WC & USL&H combined
PROGRAMS AVAILABILITY	Coverage is available in all states and will offer the combination of State Act with USL&H Coverage (except monopolistic states, where federal only coverage may be offered)
SECURITY	Domestic, A+ (Superior) by A.M. Best rated carriers
SUBMISSION REQUIREMENTS	ACORD Workers' Compensation Application Minimum 5 years and currently valued Loss Runs (not over 3 months old) Latest Experience Modification Worksheet Supplemental Application (attached)

*In an effort to effectively quote this account as quickly as possible, it is vital you provide all of the information we have outlined for you in the supplemental application. **Thank you in advance for your assistance.***

USL&H Supplemental Application GENERAL INFORMATION

Name: _____
(Complete name as it should appear on the policy including Inc., Corp., Ltd., etc.)

Physical Address: _____
Street City State Zip

Phone: _____ Fax: _____ FEIN: _____

Website: _____ Email Address: _____

Policy Proposed Effective Date: _____ to _____

SECTION A: TOTAL PRIOR PAYROLL AND PREMIUM INFORMATION

	Current Year	Prior Year (1)	Prior Year (2)	Prior Year (3)	Prior Year (4)
Premium					
Payroll					

SECTION B: EXPERIENCE

1. How many years have the Senior Officer, Partner or Proprietor operated this or a similar business? _____
Please attach résumé if less than three years.

2. Does the applicant have evidence of continuous Workers' Compensation coverage over the past three years? Yes No

3. How many of the last five years, excluding current year, has the applicant done work subject to the USL&H law? _____

4. Does the applicant operate from a home or residential office? Yes No

5. Have payrolls fluctuated more than 50% between any two of the last five years? Yes No

6. Are you a member of any Professional Association(s)? Yes No

If yes, what association(s)? _____

SECTION C: ELIGIBILITY

- 1. How many states does the applicant operate in? _____
- 2. What is the current Experience MOD? _____ Copy attached? Yes No
- 3. Is the applicant in Chapter 11 Bankruptcy proceedings? Yes No
- 4. Has the applicant ever filed for voluntary or involuntary bankruptcy proceedings? Yes No
- 5. Has the applicant's insurance been canceled or lapsed in the last two years due to non-payment of premium? Yes No

SECTION D: RISK CHARACTERISTICS & ADDED EXPOSURES

- 1. Does the applicant use independent contractors in the conduct of its business? Yes No
If yes, for what purpose? _____
If yes, how are they paid? 1099's Other (please explain): _____
If yes, does the applicant obtain and retain Certificates of Workers' Compensation insurance? Yes No
- 2. Does the applicant provide a group health plan for its employees? Yes No
- 3. Do employees work above 6 feet? Yes No
If yes, describe work and apparatuses used (ladders, scaffold, manlift): _____

- 4. Do employees work below grade more than 4 feet? Yes No
If yes, describe work and safety practices used: _____

- 5. Do employees work in confined spaces? Yes No
If yes, describe work and advise who clears the space for safe entry: _____

- 6. Does the applicant have an operating safety program? Yes No
If yes, does the safety program include Fall Protection? Yes No
Confined space entry practices? Yes No
- 7. Do part-time or seasonal employees make up more than 25% of the workforce? Yes No
- 8. Any exposure to employee leasing, alternative staffing, temporary, volunteer or donated labor? Yes No
If yes, provide detail: _____

9. Do you own or operate any vessels, or do your employees do any work on or from any vessel in navigation? Yes No

10. Is any otherwise uninsured work performed on or from barges or vessels as work platforms for maritime maintenance/repair operations? Yes No

11. Does the risk include any welding work? Yes No

If yes, does the risk have welding fumes exposure from welding products, production processes, and/or maintenance/repair operations? Yes No

SECTION E: OVER THE WATER EXPOSURES

*****If any questions are answered yes, attach a copy of current MEL or P&I (including crew) coverage.***

1. Will the applicant own, lease, charter or borrow any watercraft on a navigable waterway? Yes No

2. Will the applicant employ anyone as a Master or Member of the crew of any watercraft on a navigable waterway? Yes No

3. Will the applicant employ anyone to perform any work on or from a watercraft under navigation? Yes No

4. Will the applicant contract any work to be performed on or from a watercraft under navigation without reviewing proof of maritime coverages for the contractor's workers? Yes No

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO HIS/HER BEST KNOWLEDGE, ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

Signature: _____

Date: _____

Name (print or type): _____