

ACORD 130 (2017/05) - WORKERS COMPENSATION APPLICATION

ACORD 130, Workers Compensation Application, is a self-contained Commercial Lines application that does not require the completion of the Applicant Information Section (ACORD 125). Therefore, complete the entire Identification section of this form.

The Workers Compensation Application provides for workers' compensation, employer's liability, and voluntary compensation coverages.

The Policy Information section has been designed to follow workers' compensation rules published by the National Council on Compensation Insurance (NCCI). Other plans may be used with this form as well. Please refer to the NCCI manual for coverage definitions.

This form may not be used in Florida. Refer to Florida Workers Compensation Application, ACORD 130 FL.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION	Date (MM/DD/YYYY)	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION	Agency Name and Address	Enter text: The full name of the producer / agency.
IDENTIFICATION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION		Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION	Producer Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION	CS Representative	Enter text: The name of the customer service representative of the producer.
IDENTIFICATION	Office Phone (A/C, no, ext)	Enter number: The phone number of the individual at the producer's establishment that is the primary contact. If applicable, include the area code and extension. As used here, this is the office phone number.
IDENTIFICATION	Mobile Phone	Enter number: The producer's contact person's cell phone number.
IDENTIFICATION	Fax (A/C, no)	Enter number: The fax number of the producer / agency.
IDENTIFICATION	E-mail Address	Enter text: The e-mail address of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.

IDENTIFICATION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION	Company	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION	Underwriter	Enter text: The company underwriter (or other company staff person) that this form should be directed to.
IDENTIFICATION	Applicant Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION	Office Phone	Enter number: The named insured's primary phone number. As used here, this is the office phone number.
IDENTIFICATION	Mobile Phone	Enter number: The named insured's secondary phone number. As used here, this is the cell phone number.
IDENTIFICATION	Mailing Address	Enter text: The named insured's mailing address line one.
IDENTIFICATION		Enter text: The named insured's mailing address line two.
IDENTIFICATION		Enter text: The named insured's mailing address city name.
IDENTIFICATION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION	Years in Business	Enter number: The number of years the insured has been in business.
IDENTIFICATION	SIC	Enter code: The Standard Industry Classification code assigned to the business activity (if known). This is the code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.
IDENTIFICATION	NAICS	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the business activity (if known).
IDENTIFICATION	Website Address	Enter text: The primary website address for the named insured.
IDENTIFICATION	E-Mail Address	Enter text: The named insured's primary e-mail address.
IDENTIFICATION	Type of Business Organization - Sole Proprietor	Check the box (if applicable): Indicates the legal entity code for the named insured is "Sole Proprietor".
IDENTIFICATION	Partnership	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".

IDENTIFICATION	Corporation	Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".
IDENTIFICATION	Subchapter "S" Corporation	Check the box (if applicable): Indicates the legal entity code for the named insured is "Subchapter S Corporation".
IDENTIFICATION	LLC	Check the box (if applicable): Indicates the legal entity code for the named insured is "Limited Liability Corporation".
IDENTIFICATION	Joint Venture	Check the box (if applicable): Indicates the legal entity code for the named insured is "Joint Venture".
IDENTIFICATION	Trust	Check the box (if applicable): Indicates the legal entity code for the named insured is "Trust".
IDENTIFICATION	Other	Check the box (if applicable): Indicates the legal entity code for the named insured is other than those listed on the form.
IDENTIFICATION	Other Description	Enter text: The description of the other legal entity.
IDENTIFICATION	Unincorporated Association	Check the box (if applicable): Indicates the legal entity code for the named insured is an "Unincorporated Association".
IDENTIFICATION	Credit Bureau Name	Enter text: The code identifies an external source that may be used to provide financial or credit information. For example, a Dun and Bradstreet Number, TRW number, Equifax, Trans-Union, etc.
IDENTIFICATION	ID Number	Enter identifier: The identifier assigned by the credit bureau for the risk.
IDENTIFICATION	Federal Employer ID Number	Enter identifier: The tax identifier of the named insured. As used here, this is the Federal Employer Identification Number.
IDENTIFICATION	NCCI Risk ID Number	Enter identifier: The nine-digit number assigned to the insured by the National Council on Compensation Insurance (NCCI). This number is required in most states before a policy can be issued. It also helps insure timely and accurate calculation of experience modifications. The NCCI is a rating bureau operating in most states that also provides interstate experience rating for risks occurring in more than one state.
IDENTIFICATION	Other Rating Bureau ID or State Employer Registration Number	Enter identifier: The state's rating bureau may assign a separate identification number if the applicant is subject to experience rating in an independent bureau state. In Minnesota, use this box to record the insured's unemployment account number, as required by the state. In New Jersey, use this box to record the insured's state employer registration number.
STATUS OF SUBMISSION	Quote	Check the box (if applicable): Indicates the response expected from the company is a quote.
STATUS OF SUBMISSION	Bound	Check the box (if applicable): Indicates the coverage has been bound. As used here, include the date coverage began and attach a copy of the binder. This application is not a substitute for a binder. You may check more than one box (e.g., if the underwriter indicated by telephone that the risk is acceptable and coverage can be bound, check both Bound and Issue).

STATUS OF SUBMISSION	Bound Date	Enter date: The date on which the terms and conditions of the binder commenced. This date normally coincides with the effective date of the policy or of an endorsement to the policy.
STATUS OF SUBMISSION	Assigned Risk	Check the box (if applicable): Indicates the response expected from the company is an assigned risk policy. For Assigned Risk business check the "Assigned Risk" box and complete an ACORD 133 Workers Compensation Insurance Plan Assigned Risk Section. Rules for binding assigned risk policies apply. The Quote, Issue Policy and Bound options do not apply when submitting an assigned risk application. Please refer to the instructions for the ACORD 133 for specific uses of the ACORD 130 elements as they apply to assigned risk business.
STATUS OF SUBMISSION	Issue Policy	Check the box (if applicable): Indicates the response expected from the company is an issued policy.
BILLING / AUDIT INFORMATION	Billing Plan - Agency Bill	Check the box (if applicable): Indicates the policy is to be producer / agency billed.
BILLING / AUDIT INFORMATION	Direct Bill	Check the box (if applicable): Indicates the policy is to be direct billed.
BILLING / AUDIT INFORMATION	Payment Plan - Annual	Check the box (if applicable): Indicates the policy will be paid annually.
BILLING / AUDIT INFORMATION	Semi-Annual	Check the box (if applicable): Indicates the policy will be paid semi-annually.
BILLING / AUDIT INFORMATION	Quarterly	Check the box (if applicable): Indicates the policy will be paid quarterly.
BILLING / AUDIT INFORMATION	Other	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.
BILLING / AUDIT INFORMATION	Other Description	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
BILLING / AUDIT INFORMATION	% Down	Enter percentage: The percentage of the total estimated annual premium that has been (or will be) received as a down payment for bound policies.
BILLING / AUDIT INFORMATION	Audit - At Expiration	Check the box (if applicable): Indicates audits should be performed for this policy at expiration.
BILLING / AUDIT INFORMATION	Semi-Annual	Check the box (if applicable): Indicates audits should be performed for this policy semi-annually.
BILLING / AUDIT INFORMATION	Quarterly	Check the box (if applicable): Indicates audits should be performed for this policy quarterly.
BILLING / AUDIT INFORMATION	Monthly	Check the box (if applicable): Indicates audits should be performed for this policy monthly.

BILLING / AUDIT INFORMATION	Other	Check the box (if applicable): Indicates audits should be performed for this policy at a frequency other than those listed.
BILLING / AUDIT INFORMATION	Other Description	Enter code: The audit term for policies that are subject to periodic audit. If the audit period is known, enter the code; A - annual, S - semi-annual, Q - Quarterly, M - Monthly, O - Other.
LOCATIONS	LOC #	Enter number: The producer assigned number of the location.
LOCATIONS	Highest Floor	Enter number: The highest floor of the physical location.
LOCATIONS	Street, City, County, State, Zip Code	Enter text: The address line one of the physical location.
LOCATIONS		Enter text: The address line two of the physical location.
LOCATIONS		Enter text: The city name of the physical location.
LOCATIONS		Enter text: The county name of the physical location.
LOCATIONS		Enter code: The state or province code of the physical location.
LOCATIONS		Enter code: The postal code of the physical location.
LOCATIONS	LOC #	Enter number: The producer assigned number of the location.
LOCATIONS	Highest Floor	Enter number: The highest floor of the physical location.
LOCATIONS	Street, City, County, State, Zip Code	Enter text: The address line one of the physical location.
LOCATIONS		Enter text: The address line two of the physical location.
LOCATIONS		Enter text: The city name of the physical location.
LOCATIONS		Enter text: The county name of the physical location.
LOCATIONS		Enter code: The state or province code of the physical location.
LOCATIONS		Enter code: The postal code of the physical location.
LOCATIONS	LOC #	Enter number: The producer assigned number of the location.
LOCATIONS	Highest Floor	Enter number: The highest floor of the physical location.
LOCATIONS	Street, City, County, State, Zip Code	Enter text: The address line one of the physical location.
LOCATIONS		Enter text: The address line two of the physical location.
LOCATIONS		Enter text: The city name of the physical location.
LOCATIONS		Enter text: The county name of the physical location.

LOCATIONS		Enter code: The state or province code of the physical location.
LOCATIONS		Enter code: The postal code of the physical location.
POLICY INFORMATION	Proposed Policy Eff Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY) As used here, the date on which the terms and conditions of the policy will commence. For assigned risk business being submitted with the ACORD 133 use the effective date on that form, following state mandated rules.
POLICY INFORMATION	Proposed Exp Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) As used here, the date on which the terms and conditions of the policy will expire. The normal policy period (effective date to expiration date) is one year. However, a policy may be issued for any length of time up to a maximum of three years. Certain rules and endorsements must be used if the policy is written for more than one year. It may be necessary to use Effective and Expiration Dates that do not indicate a one year term, to concur with other policies.
POLICY INFORMATION	Rating Effective Date	Enter date: The earliest date that a specific modification is applied to a policy.
POLICY INFORMATION	Anniversary Rating Date	Enter date: The rates used are normally in effect on the effective date of the policy. NCCI Manual rules require that the rates apply for a period of one year. If a policy is cancelled or short-termed, the rating bureau requires the original effective date to be considered the Normal Anniversary Rating Date for both rates and experience modifications. This is temporary and will last until the next renewal when the new policy effective date will again determine the rates. The rule is intended to prevent wholesale cancellations by insureds and companies to take advantage of rate and/or rule changes. For cancelled or short-termed policies, enter the original effective date.
POLICY INFORMATION	Participating/Non-Participating	Check the box (if applicable): Indicates the policy is a participating policy. A Participating policy may result in reduced premiums through the payment of policyholder dividends declared by the insurer. Some policyholder dividends are based on actual experience of the applicant. If such a program is available through the company in the covered state, indicate whether the policy is to be on a Participating or Non-Participating basis. Check with your company on the availability of plans.
POLICY INFORMATION	Non-Participating	Check the box (if applicable): Indicates the policy is a non-participating policy.
POLICY INFORMATION	Retro Plan	Enter text: The retrospective rating plan that permits the adjustment of the final premium based on the actual premiums and losses of the applicant, subject to the plan's minimum and maximum premium limits. One to three year plans may be available. Check with your company on the availability of plans.
POLICY INFORMATION	Part 1 Workers Compensation (States)	Enter code: A state in which Part 1 will apply. Part 1 refers to the workers' compensation law and/or occupational disease law in states where the insured has operations.
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POLICY INFORMATION	Part 2 - Employers Liability - Each Accident	Enter limit: The workers compensation and employers liability policy, employers liability each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
POLICY INFORMATION	Disease-Policy Limit	Enter limit: The workers compensation and employers liability policy, employers liability disease policy limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
POLICY INFORMATION	Disease-Each Employee	Enter limit: The workers compensation and employers liability policy, employers liability disease each employee limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
POLICY INFORMATION	Part 3 - Other States Insurance	Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.
POLICY INFORMATION		Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.
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POLICY INFORMATION	Deductibles - Medical	Check the box (if applicable): Indicates the deductible type is Medical in the state where coverage is being applied for. (In Pennsylvania, the deductible is "per claim". The deductible choices are \$1,000, \$5,000 and \$10,000.)
POLICY INFORMATION	Indemnity	Check the box (if applicable): Indicates the deductible type is Indemnity in the state where coverage is being applied for. (In Pennsylvania, the deductible is "per claim". The deductible choices are \$1,000, \$5,000 and \$10,000.)
POLICY INFORMATION	Other	Check the box (if applicable): Indicates the deductible type is other than those listed.
POLICY INFORMATION	Other Description	Enter text: The description of the deductible type.
POLICY INFORMATION	Amount / %	Enter amount: The amount of the deductible as a whole dollar amount or as a percentage. For percentages indicate the percentage amount followed by the percent (%) sign.
POLICY INFORMATION	Other Coverages - U.S.L. & H.	Check the box (if applicable): Indicates United States Longshoremen's & Harbor Workers' (USL&H) coverage is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages / Endorsements section.
POLICY INFORMATION	Voluntary Comp	Check the box (if applicable): Indicates Voluntary Compensation coverage is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages/Endorsements section.

POLICY INFORMATION	Foreign Cov	Check the box (if applicable): Indicates Foreign coverage is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages/Endorsements section.
POLICY INFORMATION	Managed Care Option	Check the box (if applicable): Indicates Managed Care Option is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages/Endorsements section.
POLICY INFORMATION	Other	Check the box (if applicable): Indicates other coverages than those listed are being requested.
POLICY INFORMATION	Other Description	Enter text: The description of the coverage being requested.
POLICY INFORMATION	Other	Check the box (if applicable): Indicates other coverages than those listed are being requested.
POLICY INFORMATION	Other Description	Enter text: The description of the coverage being requested.
POLICY INFORMATION	Dividend Plan or Safety Group	Enter text: The specific plan or safety group of which the insured is a member. This field is related to the participating plan. Check with your company on the availability of plans.
POLICY INFORMATION	Additional Company Information	Enter text: The additional company or state specific information should be listed in this section.
POLICY INFORMATION	Specify Additional Coverages/Endorsements	Enter text: The description of exposures for the optional coverages selected in the Other Coverages section. Any additional coverages should also be described.
TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATE	Total Estimated Annual Premium All States	Enter amount: The amount resulting from applying all modifications, discounts, taxes and other rating criteria to the total estimated pre-modified premium for all states.
TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATE	Total Minimum Premium All States	Enter amount: Total minimum premium required by company rules for all states.
TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATE	Total Deposit Premium All States	Enter amount: Total amount of deposit required by company rules for all states.
CONTACT INFORMATION	Inspection (Name)	Enter text: The name of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.
CONTACT INFORMATION	Inspection (Office Phone)	Enter number: The telephone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment. As used here, this is the office phone number.
CONTACT INFORMATION	Inspection (Mobile Phone)	Enter number: The cell phone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment.
CONTACT INFORMATION	Inspection (E-Mail Address)	Enter text: The e-mail address (if applicable) of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.

CONTACT INFORMATION	Accounting Records (Name)	Enter text: The name of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent.
CONTACT INFORMATION	Accounting Records (Office Phone)	Enter number: The telephone number of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent's name and number. As used here, this is the office phone number.
CONTACT INFORMATION	Accounting Records (Mobile Phone)	Enter number: The cell phone number of the person to contact for accounting information.
CONTACT INFORMATION	Accounting Records (E-Mail Address)	Enter text: The e-mail address (if applicable) of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent's name and number.
CONTACT INFORMATION	Claims Information (Name)	Enter text: The full name of the person the insurer is to contact regarding any potential claims inquiries.
CONTACT INFORMATION	Claims Information (Office Phone)	Enter number: The telephone number of the person the insurer is to contact regarding any potential claims inquiries. As used here, this is the office phone number.
CONTACT INFORMATION	Claims Information (Mobile Phone)	Enter number: The cell phone number of the person the insurer is to contact regarding any potential claims inquiries.
CONTACT INFORMATION	Claims Information (E-Mail Address)	Enter text: The e-mail address (if applicable) of the person the insurer is to contact regarding any potential claims inquiries.
INDIVIDUALS INCLUDED / EXCLUDED	State	Enter code: The state in which the individual's payroll developed.
INDIVIDUALS INCLUDED / EXCLUDED	LOC #	Enter number: The producer assigned location number for the individual.
INDIVIDUALS INCLUDED / EXCLUDED	Name	Enter text: The full name of the partner or executive officer being included or excluded by the policy.
INDIVIDUALS INCLUDED / EXCLUDED	Date of Birth	Enter date: The individual's birth date.
INDIVIDUALS INCLUDED / EXCLUDED	Title/Relationship	Enter code: The individual's title within the organization or relationship to the organization's owners.
INDIVIDUALS INCLUDED / EXCLUDED	Ownership %	Enter percentage: The percentage of ownership the individual has in the organization, if applicable.
INDIVIDUALS INCLUDED / EXCLUDED	Duties	Enter text: The brief description of the duties of the individual.
INDIVIDUALS INCLUDED / EXCLUDED	Inc/Exc	Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.

INDIVIDUALS INCLUDED / EXCLUDED	Class Code	Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.
INDIVIDUALS INCLUDED / EXCLUDED	Remuneration/Payroll	Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws. (Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals).
INDIVIDUALS INCLUDED / EXCLUDED	State	Enter code: The state in which the individual's payroll developed.
INDIVIDUALS INCLUDED / EXCLUDED	LOC #	Enter number: The producer assigned location number for the individual.
INDIVIDUALS INCLUDED / EXCLUDED	Name	Enter text: The full name of the partner or executive officer being included or excluded by the policy.
INDIVIDUALS INCLUDED / EXCLUDED	Date of Birth	Enter date: The individual's birth date.
INDIVIDUALS INCLUDED / EXCLUDED	Title/Relationship	Enter code: The individual's title within the organization or relationship to the organization's owners.
INDIVIDUALS INCLUDED / EXCLUDED	Ownership %	Enter percentage: The percentage of ownership the individual has in the organization, if applicable.
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INDIVIDUALS INCLUDED / EXCLUDED	State	Enter code: The state in which the individual's payroll developed.
INDIVIDUALS INCLUDED / EXCLUDED	LOC #	Enter number: The producer assigned location number for the individual.

INDIVIDUALS INCLUDED / EXCLUDED	Name	Enter text: The full name of the partner or executive officer being included or excluded by the policy.
INDIVIDUALS INCLUDED / EXCLUDED	Date of Birth	Enter date: The individual's birth date.
INDIVIDUALS INCLUDED / EXCLUDED	Title/Relationship	Enter code: The individual's title within the organization or relationship to the organization's owners.
INDIVIDUALS INCLUDED / EXCLUDED	Ownership %	Enter percentage: The percentage of ownership the individual has in the organization, if applicable.
INDIVIDUALS INCLUDED / EXCLUDED	Duties	Enter text: The brief description of the duties of the individual.
INDIVIDUALS INCLUDED / EXCLUDED	Inc/Exc	Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.
INDIVIDUALS INCLUDED / EXCLUDED	Class Code	Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.
INDIVIDUALS INCLUDED / EXCLUDED	Remuneration/Payroll	Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws. (Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals).
INDIVIDUALS INCLUDED / EXCLUDED	State	Enter code: The state in which the individual's payroll developed.
INDIVIDUALS INCLUDED / EXCLUDED	LOC #	Enter number: The producer assigned location number for the individual.
INDIVIDUALS INCLUDED / EXCLUDED	Name	Enter text: The full name of the partner or executive officer being included or excluded by the policy.
INDIVIDUALS INCLUDED / EXCLUDED	Date of Birth	Enter date: The individual's birth date.
INDIVIDUALS INCLUDED / EXCLUDED	Title/Relationship	Enter code: The individual's title within the organization or relationship to the organization's owners.
INDIVIDUALS INCLUDED / EXCLUDED	Ownership %	Enter percentage: The percentage of ownership the individual has in the organization, if applicable.
INDIVIDUALS INCLUDED / EXCLUDED	Duties	Enter text: The brief description of the duties of the individual.

INDIVIDUALS INCLUDED / EXCLUDED	Inc/Exc	Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.
INDIVIDUALS INCLUDED / EXCLUDED	Class Code	Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.
INDIVIDUALS INCLUDED / EXCLUDED	Remuneration/Payroll	Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws. (Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals).

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
STATE RATING WORKSHEET	State Rating Sheet # of Sheets	Enter number: The chronological number of the state rating sheet out of a total number of sheets.
STATE RATING WORKSHEET	Total Number of Sheets	Enter number: The total number of state rating sheets.
STATE RATING WORKSHEET	Rating Information State:	Enter text: The name of the state to which the rating information is applicable.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
STATE RATING WORKSHEET	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
STATE RATING WORKSHEET	Description Code	Enter code: The company description code for this type of risk (if applicable).
STATE RATING WORKSHEET	Categories, Duties, Classifications	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
STATE RATING WORKSHEET	No. of Employees, Full Time	Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.

STATE RATING WORKSHEET	No. of Employees, Part Time	Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate
STATE RATING WORKSHEET	SIC	Enter code: The Standard Industry Class code assigned to the particular type of business (if known).
STATE RATING WORKSHEET	NAICS	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).
STATE RATING WORKSHEET	Estimated Annual Remuneration/Payroll	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
STATE RATING WORKSHEET	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
STATE RATING WORKSHEET	Description Code	Enter code: The company description code for this type of risk (if applicable).
STATE RATING WORKSHEET	Categories, Duties, Classifications	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
STATE RATING WORKSHEET	No. of Employees, Full Time	Enter number: The number of full time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.
STATE RATING WORKSHEET	No. of Employees, Part Time	Enter number: The number of part time employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate
STATE RATING WORKSHEET	SIC	Enter code: The Standard Industry Class code assigned to the particular type of business (if known).
STATE RATING WORKSHEET	NAICS	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).

STATE RATING WORKSHEET	Estimated Annual Remuneration/Payroll	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
STATE RATING WORKSHEET	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Council on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
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STATE RATING WORKSHEET	NAICS	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).
STATE RATING WORKSHEET	Estimated Annual Remuneration/Payroll	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.

STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
STATE RATING WORKSHEET	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
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STATE RATING WORKSHEET	NAICS	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).
STATE RATING WORKSHEET	Estimated Annual Remuneration/Payroll	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
STATE RATING WORKSHEET	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.

STATE RATING WORKSHEET	Description Code	Enter code: The company description code for this type of risk (if applicable).
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STATE RATING WORKSHEET	SIC	Enter code: The Standard Industry Class code assigned to the particular type of business (if known).
STATE RATING WORKSHEET	NAICS	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).
STATE RATING WORKSHEET	Estimated Annual Remuneration/Payroll	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
STATE RATING WORKSHEET	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
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STATE RATING WORKSHEET	SIC	Enter code: The Standard Industry Class code assigned to the particular type of business (if known).
STATE RATING WORKSHEET	NAICS	Enter code: The North American Industry Classification System (NAICS) 6-digit industry code assigned to the particular type of business (if known).
STATE RATING WORKSHEET	Estimated Annual Remuneration/Payroll	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
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STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
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STATE RATING WORKSHEET	Estimated Annual Remuneration/Payroll	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.

STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
STATE RATING WORKSHEET	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
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STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
STATE RATING WORKSHEET	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.

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STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
STATE RATING WORKSHEET	LOC #	Enter number: The producer assigned number of the location.
STATE RATING WORKSHEET	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
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STATE RATING WORKSHEET	Estimated Annual Remuneration/Payroll	Enter amount: The estimated total annual remuneration/payroll for the class. Remuneration/Payroll means money or substitutes for money, such as the value of meals or lodging if provided. Accurate payroll estimates help avoid additional premium requirements being discovered during an audit. Do not include overtime premium.
STATE RATING WORKSHEET	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
STATE RATING WORKSHEET	Estimated Annual Manual Premium	Enter amount: The estimated annual manual premium amount for the classification.
PREMIUM	State	Enter text: The name of the state to which the rating information is applicable.
PREMIUM	Total - Factored Premium	Enter amount: The total premium amount.
PREMIUM	Increased Limits - Factor	Enter rate: The modification factor if limits other than the standard limits for Part 2 Employers Liability are requested.
PREMIUM	increased Limits - Factored Premium	Enter amount: The modified premium amount.
PREMIUM	Deductible * - Factor	Enter rate: The deductible factor if a state deductible option is available and chosen.
PREMIUM	Deductible * - Factored Premium	Enter amount: The modified premium amount.
PREMIUM	Experience or Merit Modification - Factor	Enter rate: The modification factor if the insured is subject to experience or merit rating. Generally the business has to have been in operation for at least two years under present ownership and the premium must meet or exceed a level which is established by the state to qualify for experience or merit rating. If more than one modification factor applies to the applicant, explain in the Remarks section. Attach the most recent experience or merit rating data sheet.
PREMIUM	Experience or Merit Modification - Factored Premium	Enter amount: The modified premium amount.
PREMIUM	Terrorism premium	Enter amount: The premium amount applicable to terrorism coverage.
PREMIUM	Catastrophe premium	Enter amount: The premium amount applicable to catastrophe coverage.
PREMIUM	Assigned Risk Surcharge * - Factor	Enter rate: The modification factor for assigned risk policy surcharge. A state specific surcharge may apply for placement of business into an assigned risk pool.
PREMIUM	Assigned Risk Surcharge * - Factored Premium	Enter amount: The modified premium amount.
PREMIUM	ARAP * - Factor	Enter rate: The modification factor for assigned risk adjustment program (ARAP). A state specific adjustment for assigned risk policies.

PREMIUM	ARAP * - Factored Premium	Enter amount: The modified premium amount.
PREMIUM	Optional Line (Blank Space)	Enter text: The description of optional factors, charges or credits that are required or applicable.
PREMIUM	Factor	Enter rate: The modification factor for optional factors, charges or credits that are required or applicable.
PREMIUM	Factored Premium	Enter amount: The modified premium amount.
PREMIUM	Schedule Rating * - Factor	Enter rate: The modification factor for schedule rating (if applicable).
PREMIUM	Schedule Rating * - Factored Premium	Enter amount: The modified premium amount.
PREMIUM	CCPAP - Factor	Enter rate: The modification factor for the contracting class premium adjustment program (CCPAP). Not applicable in all states.
PREMIUM	CCPAP - Factored Premium	Enter amount: The modified premium amount.
PREMIUM	Standard Premium - Factor	Enter rate: The modification factor for the total premium before applying premium discount.
PREMIUM	Standard Premium - Factored Premium	Enter amount: The modified premium amount.
PREMIUM	Premium Discount - Factor	Enter rate: The modification factor for premium discount. A premium discount may be applicable due to large premium levels.
PREMIUM	Premium Discount - Factored Premium	Enter amount: The modified premium amount.
PREMIUM	Expense Constant	Enter amount: The modified premium amount including the flat amount of the expense constant as applicable per the state rating manual.
PREMIUM	Taxes/Assessments *	Enter amount: The modified premium amount including state taxes and assessments applicable.
PREMIUM	Optional Line (Blank Space)	Enter text: The description of optional factors, charges or credits that are required or applicable.
PREMIUM	Factor	Enter rate: The modification factor for optional factors, charges or credits that are required or applicable.
PREMIUM	Factored Premium	Enter amount: The modified premium amount.
PREMIUM	Total Estimated Annual Premium	Enter amount: The amount resulting from applying all modifications, discounts, taxes and other rating criteria to the estimated pre-modified premium for this state.
PREMIUM	Minimum Premium	Enter amount: The minimum premium amount required by company rules for this state.
PREMIUM	Deposit Premium	Enter amount: The amount of deposit required by rules for this state.

REMARKS	Remarks	Enter text: The remarks associated with the state. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
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Form Page 3

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
PRIOR CARRIER INFORMATION / LOSS HISTORY	Loss Run Attached	Check the box (if applicable): Indicates a loss run is attached to this application.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Year	Enter year: The year the prior coverage policy term became effective.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Co	Enter text: The name of the previous insurer.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Pol #	Enter identifier: The policy number of the previous coverage.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Mod	Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.
PRIOR CARRIER INFORMATION / LOSS HISTORY	# Claims	Enter number: The total number of claims for the corresponding policy period.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date. As used here, this is the total for all claims on the policy.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Reserve	Enter amount: The reserve amount the previous carrier is holding open for this claim. As used here, this is the total for all claims on the policy.

PRIOR CARRIER INFORMATION / LOSS HISTORY	Year	Enter year: The year the prior coverage policy term became effective.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Co	Enter text: The name of the previous insurer.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Pol #	Enter identifier: The policy number of the previous coverage.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Mod	Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.
PRIOR CARRIER INFORMATION / LOSS HISTORY	# Claims	Enter number: The total number of claims for the corresponding policy period.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date. As used here, this is the total for all claims on the policy.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Reserve	Enter amount: The reserve amount the previous carrier is holding open for this claim. As used here, this is the total for all claims on the policy.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Year	Enter year: The year the prior coverage policy term became effective.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Co	Enter text: The name of the previous insurer.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Pol #	Enter identifier: The policy number of the previous coverage.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.

PRIOR CARRIER INFORMATION / LOSS HISTORY	Mod	Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.
PRIOR CARRIER INFORMATION / LOSS HISTORY	# Claims	Enter number: The total number of claims for the corresponding policy period.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date. As used here, this is the total for all claims on the policy.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Reserve	Enter amount: The reserve amount the previous carrier is holding open for this claim. As used here, this is the total for all claims on the policy.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Year	Enter year: The year the prior coverage policy term became effective.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Co	Enter text: The name of the previous insurer.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Pol #	Enter identifier: The policy number of the previous coverage.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Mod	Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.
PRIOR CARRIER INFORMATION / LOSS HISTORY	# Claims	Enter number: The total number of claims for the corresponding policy period.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date. As used here, this is the total for all claims on the policy.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Reserve	Enter amount: The reserve amount the previous carrier is holding open for this claim. As used here, this is the total for all claims on the policy.

PRIOR CARRIER INFORMATION / LOSS HISTORY	Year	Enter year: The year the prior coverage policy term became effective.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Co	Enter text: The name of the previous insurer.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Pol #	Enter identifier: The policy number of the previous coverage.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Mod	Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.
PRIOR CARRIER INFORMATION / LOSS HISTORY	# Claims	Enter number: The total number of claims for the corresponding policy period.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date. As used here, this is the total for all claims on the policy.
PRIOR CARRIER INFORMATION / LOSS HISTORY	Reserve	Enter amount: The reserve amount the previous carrier is holding open for this claim. As used here, this is the total for all claims on the policy.
NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS	Nature of Business / Description of Operations	<p>Enter text: The description of the operations of this risk or insured. As used here, this section informs the underwriter of each applicant's business and the way it is conducted by premises. Operations, which may not be apparent in a general description, may be segmented by location. For example, location #1 may be the general offices while location #2 may be the warehouse. The section should include enough detail to enable the underwriter to understand and classify each operation. Do not use the classification phraseology from the Commercial Lines Manual or Workers' Compensation Manual, because they do not provide adequate detail.</p> <p>For example, a manufacturer of pulley wheels used in sewing machines should be described as such and not as "Metal Goods Mfg. N.O.C."</p>
GENERAL INFORMATION	1. Does applicant own, operate or lease aircraft / watercraft?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does applicant own, operate or lease aircraft or watercraft?".
GENERAL INFORMATION	Remarks	Enter text: A statement explaining if applicant owns, operates or leases aircraft / watercraft.

GENERAL INFORMATION	2. Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material.
GENERAL INFORMATION	3. Any work performed underground or above 15 feet?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any work performed underground or above 15 feet?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any work performed underground or above 15 ft.
GENERAL INFORMATION	4. Any work performed on barges, vessels, docks or bridge over water?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is work performed on barges, vessels, docks, bridge over water?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any work performed on barges, vessels, docks or bridges over water.
GENERAL INFORMATION	5. Is applicant engaged in any other type of business?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is applicant engaged in any other type of business?".
GENERAL INFORMATION	Remarks	Enter text: A statement explaining if applicant engaged in any other type of business.
GENERAL INFORMATION	6. Are subcontractors used?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are subcontractors used?".
GENERAL INFORMATION	Remarks	Enter text: A statement explaining if subcontractors are used.
GENERAL INFORMATION	7. Any work sublet without certificates of insurance?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any work sublet without certificates of insurance?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any work sublet without certificates of insurance.
GENERAL INFORMATION	8. Is a written safety program in operation?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is a written safety program in operation?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any written safety program in operation.
GENERAL INFORMATION	9. Any group transportation provided?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any group transportation provided?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any group transportation provided.
GENERAL INFORMATION	10. Any employees under 16 or over 60 years of age?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any employees under 16 or over 60 years of age?".

GENERAL INFORMATION	Remarks	Enter text: An explanation of any employees under 16 or over 60 years of age.
GENERAL INFORMATION	11. Any seasonal employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any seasonal employees?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any seasonal employees.
GENERAL INFORMATION	12. Is there any volunteer or donated labor?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there any volunteer or donated labor?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any volunteer or donated labor.
GENERAL INFORMATION	13. Any employees with physical handicaps?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any employees with physical handicaps?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any employees with physical handicaps.
GENERAL INFORMATION	14. Do employees travel out of state?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do employees travel out of state?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any employees who travel out of state.
GENERAL INFORMATION	15. Are athletic teams sponsored?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are athletic teams sponsored?".
GENERAL INFORMATION	Remarks	Enter text: An explanation of any athletic teams that are sponsored.
GENERAL INFORMATION (continued)	16. Are physicals required after offers of employment are made?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are physicals required after offers of employment are made?".
GENERAL INFORMATION (continued)	Remarks	Enter text: A statement explaining if physicals are required after offers of employment are made.

Form Page 4

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
GENERAL INFORMATION (continued)	17. Any other insurance with this insurer?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any other insurance with this company?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation of any other insurance with this insurer.

GENERAL INFORMATION (continued)	18. Any prior coverage declined/cancelled/non-renewed in the last three (3) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years (Not applicable in Missouri)?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation of any prior coverage declined/cancelled/non-renewed in the last three (3) years.
GENERAL INFORMATION (continued)	19. Are employee health plans provided?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there an Employee Health Plan provided?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation of any employee health plans provided.
GENERAL INFORMATION (continued)	20. Do any employees perform work for other businesses or subsidiaries?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do any employees perform work for other businesses or subsidiaries?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation of any employees who perform work for other businesses or subsidiaries.
GENERAL INFORMATION (continued)	21. Do you lease employees to or from other employers ?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you lease employees to or from other employers?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation of any employees leased to or from other employers.
GENERAL INFORMATION (continued)	22. Do any employees predominantly work at home?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do employees predominantly work from home?".
GENERAL INFORMATION (continued)	If "YES", # of employees:	Enter number: The number of employees that predominantly work from home.
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation of any employees predominantly working at home.
GENERAL INFORMATION (continued)	23. Any tax liens or bankruptcy within the last five (5) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any tax liens or bankruptcy within the past mandated number of years?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation of any tax liens or bankruptcy within the last five (5) years.

GENERAL INFORMATION (continued)	24. Any undisputed and unpaid workers compensation premium due from you or any company managed or owned enterprises?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation of any undisputed and unpaid workers compensation premium due from you or any company managed or owned enterprises.
SIGNATURE	Notice of Information Practices (Privacy) checkbox	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices (ACORD 38 or state specific ACORD 38) has been given to the applicant. State specific 38s are available for applicants in AZ, DE, KS, MN, ND, NY, OR, VA, and WV. In addition, ACORD 38 contains CA and MA state specific language.
SIGNATURE	Applicant's Initials	Initial here: The named insured's initials.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.