

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> ACORD 133 TN (2012/07)	<b>Tennessee Workers Compensation Insurance Plan Assigned Risk Supplement</b>	The title of the form. ACORD 133 TN, Tennessee Workers Compensation Insurance Plan Assigned Risk Supplement, is used with ACORD 130, Workers Compensation Application, to apply for workers compensation insurance to the Tennessee Workers Compensation Insurance Plan. For Rating Information and Plan Rules and Factors, go to the Tennessee Workers Compensation Insurance Plan web site at <a href="http://www.twcip.com">www.twcip.com</a> .
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The date on which the form is completed.
<b>IDENTIFICATION SECTION</b>	<b>Applicant Name</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Proposed Eff Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Payroll Office Name, Address, and Telephone Number</b>	Enter text: The full name of the location.
<b>IDENTIFICATION SECTION</b>		Enter text: The first address line of the physical location.
<b>IDENTIFICATION SECTION</b>		Enter text: The second address line of the physical location.
<b>IDENTIFICATION SECTION</b>		Enter text: The city of the physical location.
<b>IDENTIFICATION SECTION</b>		Enter code: The state or province of the physical location.
<b>IDENTIFICATION SECTION</b>		Enter code: The postal code of the physical location.
<b>IDENTIFICATION SECTION</b>		Enter number: The primary phone number of the location.
<b>IDENTIFICATION SECTION</b>	<b>State Developing Highest Payroll</b>	Enter code: The state which generates the highest payroll. Follow all specific instructions for this state.
<b>IDENTIFICATION SECTION</b>	<b>Year Applicant's Business Began</b>	Enter date: The date the current owners purchased or started the business.
<b>IDENTIFICATION SECTION</b>	<b>1. Do You Lease Workers from a Labor Contractor? Yes (checkbox)</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease employees from a labor contractor?". As used here, if yes, refer to TWCIP instructions.
<b>IDENTIFICATION SECTION</b>	<b>No (checkbox)</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you lease employees from a labor contractor?".

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	<b>2. Do You Lease Workers to a Client Company? Yes (checkbox)</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease workers to a client company?". As used here, if yes, refer to TWCIP instructions.
IDENTIFICATION SECTION	<b>No (checkbox)</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you lease workers to a client company?".
IDENTIFICATION SECTION	<b>3. Are You Seeking to Cover the Leased Workers? Yes (checkbox)</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are you seeking to cover the leased workers?". As used here, if yes, refer to TWCIP instructions.
IDENTIFICATION SECTION	<b>No (checkbox)</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are you seeking to cover the leased workers?".
IDENTIFICATION SECTION	<b>4. Do You Provide Temporary Labor Services to Other Employers? Yes (checkbox)</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you provide temporary labor services to other employers?".
IDENTIFICATION SECTION	<b>No (checkbox)</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you provide temporary labor services to other employers?".
IDENTIFICATION SECTION	<b>5. Do You Have a Franchise or Licensing Agreement? Yes (checkbox)</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you have a franchise or licensing agreement?". As used here, if yes, provide details of the agreement.
IDENTIFICATION SECTION	<b>No (checkbox)</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you have a franchise or licensing agreement?".
IDENTIFICATION SECTION	<b>6. Do Trucking Classifications Apply? Yes (checkbox)</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do trucking classifications apply?". As used here, if yes, complete questions 11-13.
IDENTIFICATION SECTION	<b>No (checkbox)</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do trucking classifications apply?".
IDENTIFICATION SECTION	<b>7. Has There Been a Name Change, Consolidation, Merger or Ownership Change During the Past Five Years? Yes (checkbox)</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been a name change, consolidation, merger or ownership change during the past five years?". As used here, if yes, give previous name and date of change. Contact the plan administrator about an ERM-14.
IDENTIFICATION SECTION	<b>No (checkbox)</b>	Check the box (if applicable): Indicates a "No" response to the question, "Has there been a name change, consolidation, merger or ownership change during the past five years?".

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	8. Is Applicant Related through Common Management or Ownership to Any Entity not Listed Here, Whether Coverage is Required or Not? Yes (checkbox)	Check the box (if applicable): Indicates a "Yes" response to the question, "Is the applicant related through common management or ownership to any entity not listed here whether coverage is required or not?". As used here, if yes, give detailed explanation.
IDENTIFICATION SECTION	No (checkbox)	Check the box (if applicable): Indicates a "No" response to the question, "Is the applicant related through common management or ownership to any entity not listed here whether coverage is required or not?".
IDENTIFICATION SECTION	9. Is there any Unpaid Workers Compensation Premium Due or in Dispute From You or Any Commonly Managed or Owned Enterprises? Yes (checkbox)	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprise?". As used here, if yes, explain including entity name(s) and policy number(s).
IDENTIFICATION SECTION	No (checkbox)	Check the box (if applicable): Indicates a "No" response to the question, "Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprise?".
IDENTIFICATION SECTION	10. Has there been previous workers compensation coverage: In this state? Yes (checkbox)	Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been previous workers compensation coverage in this state?".
IDENTIFICATION SECTION	No (checkbox)	Check the box (if applicable): Indicates a "No" response to the question, "Has there been previous workers compensation coverage in this state?".
IDENTIFICATION SECTION	Has there been previous workers compensation coverage: In any other state? Yes (checkbox)	Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been previous workers compensation coverage in any other state?".
IDENTIFICATION SECTION	No (checkbox)	Check the box (if applicable): Indicates a "No" response to the question, "Has there been previous workers compensation coverage in any other state?".
IDENTIFICATION SECTION	If No, was this due to: New Business (checkbox)	Check the box (if applicable): Indicates the response expected from the company is a new issued policy. As used here, indicates there was no previous workers compensation insurance because this is a new business policy.
IDENTIFICATION SECTION	Self-Insured-Indep (checkbox)	Check the box (if applicable): Indicates if the insured is independently self-insured.
IDENTIFICATION SECTION	Self-Insured-Group (checkbox)	Check the box (if applicable): Indicates if the insured is self-insured as part of a group.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	# Employees (checkbox)	Check the box (if applicable): Indicates there was no previous coverage due to the number of employees.
IDENTIFICATION SECTION	11. Do You or Your Employees Regularly Operate from a Base Terminal Which is Used to Load, Unload, Store or Transfer Freight? Yes (checkbox)	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight?". As used here, if yes, provide a list of terminal addresses.
IDENTIFICATION SECTION	No (checkbox)	Check the box (if applicable): Indicates a "No" response to the question, "Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight?".
IDENTIFICATION SECTION	Terminal Addresses: Street One	Enter text: The first address line of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	City One	Enter text: The city of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	County One	Enter text: The county of the location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	ST One	Enter code: The state or province of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	Zip Code One	Enter code: The postal code of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	Street Two	Enter text: The first address line of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	City Two	Enter text: The city of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	County Two	Enter text: The county of the location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	ST Two	Enter code: The state or province of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	Zip Code Two	Enter code: The postal code of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	Street Three	Enter text: The first address line of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	City Three	Enter text: The city of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	County Three	Enter text: The county of the location. As used here, this is the location of a base terminal address.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	ST Three	Enter code: The state or province of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	Zip Code Three	Enter code: The postal code of the physical location. As used here, this is the location of a base terminal address.
IDENTIFICATION SECTION	12. Can Each Driver's State of Majority Driving Time be Established Through Verifiable Records or Logs? Yes (checkbox)	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you or your employees regularly operate from Can each driver's state of majority driving time be established through verifiable records or logs?".
IDENTIFICATION SECTION	No (checkbox)	Check the box (if applicable): Indicates a "No" response to the question, "Can each driver's state of majority driving time be established through verifiable records or logs?".
IDENTIFICATION SECTION	Please Provide a List of all Drivers/Helpers And Their State of Residence: 1 Driver Name One	Enter text: The driver's full name.
IDENTIFICATION SECTION	Terminal # (See Above) One	Enter number: The producer assigned number of the location.
IDENTIFICATION SECTION	Majority Driving State One	Enter code: The state or province where the driver does the majority of their driving.
IDENTIFICATION SECTION	Residence State One	Enter code: The state or province of the driver. As used here, this is the driver's state of residence.
IDENTIFICATION SECTION	Driver Name Two	Enter text: The driver's full name.
IDENTIFICATION SECTION	Terminal # Two	Enter number: The producer assigned number of the location.
IDENTIFICATION SECTION	Majority Driving State Two	Enter code: The state or province where the driver does the majority of their driving. As used here, this is the driver's state of residence.
IDENTIFICATION SECTION	Residence State Two	Enter code: The state or province of the driver.
IDENTIFICATION SECTION	Driver Name Three	Enter text: The driver's full name.
IDENTIFICATION SECTION	Terminal # Three	Enter number: The producer assigned number of the location.
IDENTIFICATION SECTION	Majority Driving State Three	Enter code: The state or province where the driver does the majority of their driving. As used here, this is the driver's state of residence.

Section Name	Field Name	Field and/or Section Description
<b>IDENTIFICATION SECTION</b>	<b>Residence State Three</b>	Enter code: The state or province of the driver.
<b>INSURANCE COMPANIES</b>	<b>1. Have You Received any Offers of Voluntary Coverage? Yes (checkbox)</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Have you received any offers of voluntary coverage?".
<b>INSURANCE COMPANIES</b>	<b>No (checkbox)</b>	Check the box (if applicable): Indicates a "No" response to the question, "Have you received any offers of voluntary coverage?".
<b>INSURANCE COMPANIES</b>	<b>2. Indicate the Number of Insurance Companies Which Have Refused the Applicant Coverage in the Last 60 Days.</b>	Enter number: The number of insurance companies that have refused the applicant coverage in the past specified time. As used here, this is the number of insurance companies that have refused coverage in the last 60 days (or in accordance with state specific guidelines). Tennessee requires two (2) or more.
<b>INSURANCE COMPANIES</b>	<b>The insured elects to be excluded from the list of employers in the assigned risk plan: Yes (checkbox)</b>	Check the box (if applicable): Indicates the employer has elected to be excluded from the list of employers in the assigned risk plan.
<b>INSURANCE COMPANIES</b>	<b>No (checkbox)</b>	Check the box (if applicable): Indicates the employer has elected to be included in the list of employers in the assigned risk plan.
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The remarks associated with the Workers Compensation line of business. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>PREMIUM PAYMENT</b>	<b>Payment Method Check # One</b>	Enter number: The first digit of the check number.
<b>PREMIUM PAYMENT</b>	<b>Payment Method Check # Two</b>	Enter number: The second digit of the check number.
<b>PREMIUM PAYMENT</b>	<b>Payment Method Check # Three</b>	Enter number: The third digit of the check number.
<b>PREMIUM PAYMENT</b>	<b>Payment Method Check # Four</b>	Enter number: The fourth digit of the check number.
<b>PREMIUM PAYMENT</b>	<b>Payment Method Check # Five</b>	Enter number: The fifth digit of the check number.
<b>PREMIUM PAYMENT</b>	<b>Payment Method Check # Six</b>	Enter number: The sixth digit of the check number.
<b>PREMIUM PAYMENT</b>	<b>Payment Method Check # Seven</b>	Enter number: The seventh digit of the check number.
<b>PREMIUM PAYMENT</b>	<b>Premium Payment Amount One</b>	Enter number: The millions digit of the premium amount.
<b>PREMIUM PAYMENT</b>	<b>Premium Payment Amount Two</b>	Enter number: The hundred thousands digit of the premium amount.
<b>PREMIUM PAYMENT</b>	<b>Premium Payment Amount Three</b>	Enter number: The ten thousands digit of the premium amount.
<b>PREMIUM PAYMENT</b>	<b>Premium Payment Amount Four</b>	Enter number: The thousands digit of the premium amount.
<b>PREMIUM PAYMENT</b>	<b>Premium Payment Amount Five</b>	Enter number: The hundreds digit of the premium amount.
<b>PREMIUM PAYMENT</b>	<b>Premium Payment Amount Six</b>	Enter number: The tens digit of the premium amount.

Section Name	Field Name	Field and/or Section Description
PREMIUM PAYMENT	Premium Payment Amount Seven	Enter number: The ones digit of the premium amount.
PREMIUM PAYMENT	Is the Premium Financed? Yes	Check the box (if applicable): Indicates the premium has been financed.
PREMIUM PAYMENT	No (checkbox)	Check the box (if applicable): Indicates the premium has not been financed.
PREMIUM PAYMENT	If "Yes" List Finance Company	Enter text: The name of the company financing the premium, if applicable.
APPLICANT'S STATEMENT	Applicant's Statement	Enter text: The description of any difficulties the applicant has had with any producer or company in regard to handling of any claim or accident report.
APPLICANT'S STATEMENT	Applicant's Name and Title	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
APPLICANT'S STATEMENT		Enter text: The title of the individual in the organization or his relationship to the organization.
APPLICANT'S STATEMENT	Date	Enter date: The date the form was signed by the named insured.
APPLICANT'S STATEMENT	Signature (Must be an Owner or an Officer)	Sign here: Accommodates the signature of the applicant or named insured.
PRODUCER'S CERTIFICATION	Agency Fein	Enter identifier: The producer's tax identification number.
PRODUCER'S CERTIFICATION	Agency Phone Number	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
PRODUCER'S CERTIFICATION	Agency Fax Number	Enter number: The fax number of the producer/agency.
PRODUCER'S CERTIFICATION	Resident License Number	Enter identifier: The State License Number of the producer.
PRODUCER'S CERTIFICATION	Expiration Date	Enter date: The date the producer's state license expires.
PRODUCER'S CERTIFICATION	Non-Resident License Number	Enter identifier: The producer's non-resident license number.
PRODUCER'S CERTIFICATION	Expiration Date	Enter date: The date the producer's non-resident license expires.
PRODUCER'S CERTIFICATION	Producer Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
PRODUCER'S CERTIFICATION	Date	Enter date: The date the producer signed the form.
PRODUCER'S CERTIFICATION	Producer Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).