ACORD™ WORKERS COMPENSATION APPLICATION

DATE

PRODUCER PHONE: 770-994-5596
FAX: 678-228-1974

Reed Financial Insurance Group, LLC
1200 Commerce Drive
Peachtree City, Georgia 30269

COMPANY | UNDERWRITER

APPLICANT NAME | INTERNET ADDRESS:

MAILING ADDRESS

YRS IN BUS | SIC | ☒INDIVIDUAL ☐PARTNERSHIP | ☐CORPORATION ☐SUB "S" CORP | ☐LIMITED CORP ☐OTHER:

CODE | SUBCODE | CREDIT BUREAU NAME: | ID NUMBER

AGENCY CUSTOMER ID | FEDERAL EMPLOYER ID NUMBER | NCCI ID NUMBER | OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER

STATUS OF SUBMISSION

☒QUOTE ☐ISSUE POLICY
☐BOUND (Give date and/or attach copy)
☐ASSIGNED RISK (Attach ACORD 133)

BILLING/AUDIT INFORMATION

BILLING PLAN: ☐AGENCY BILL ☐DIRECT BILL

PAYMENT PLAN: ☐ANNUAL ☐SEMI-ANNUAL ☐QUARTERLY ☐OTHER: %DOWN:

AUDIT: ☐AT EXPIRATION ☐SEMI-ANNUAL ☐QUARTERLY ☐MONTHLY ☐OTHER:

LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1	
2	
3	

POLICY INFORMATION

PROPOSED EFF DATE | PROPOSED EXP DATE | NORMAL ANNIVERSARY RATING DATE | ☐PARTICIPATING ☐NON-PARTICIPATING | RETRO PLAN

PART 1 - WORKERS COMPENSATION (States)

PART 2 - EMPLOYER'S LIABILITY

$	EACH ACCIDENT
$	DISEASE-POLICY LIMIT
$	DISEASE-EACH EMPLOYEE

PART 3 - OTHER STATES INS

DEDUCTIBLES: ☐MEDICAL ☐INDEMNITY ☐

AMOUNT/%

OTHER COVERAGES: ☐U.S.&H. ☐VOLUNTARY COMP ☐FOREIGN COV ☐MANAGED CARE OPTION

DIVIDEND PLAN SAFETY GROUP

ADDITIONAL COMPANY INFORMATION

RATING INFORMATION

STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES & CLASSIFICATIONS	#EMPLOYEES FULL TIME	#EMPLOYEES PART TIME	ESTIMATED ANNUAL RENUMERATION	RATE	ESTIMATED ANNUAL PREM

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS

	FACTOR	FACTORED PREMIUM
TOTAL		$
INCREASED LIMITS		$
DEDUCTIBLE		$
		$
EXPERIENCE MODIFICATION		$
LOSS CONSTANT		$
ASSIGNED RISK SURCHARGE		$
ARAP		$
		$
PREMIUM DISCOUNT		$
EXPENSE CONSTANT		$
		$

MINIMUM PREMIUM $ | DEPOSIT PREMIUM $ | TOTAL EST ANNUAL PREM | $

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information sections.)

#	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER SHIP%	DUTIES	INC/EXC	CLASS CODE	RENUMERATION
1								
2								
3								
4								
5								

PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE FRMARKS SECTION FOR LOSS DETAILS ☐ **LOSS RUN ATTACHED**

YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO: POL#					
	CO: POL#					
	CO: POL#					
	CO: POL#					
	CO: POL#					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING-- RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT. CONTRACTOR-- TYPE OF WORK, SUB-CONTRACTS. MERCANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES. SERVICE--TYPE, LOCATION. FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?	☐	☐	16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	☐	☐
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	☐	☐	17. ANY OTHER INSURANCE WITH THIS INSURER?	☐	☐
			18. ANY PRIOR COVERAGE DECLINED/ NOT APPLICABLE IN MO CANCELLED/NON-RENEWED (Last 3 years)?	☐	☐
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	☐	☐	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	☐	☐
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	☐	☐	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?	☐	☐
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	☐	☐	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	☐	☐
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)	☐	☐	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?	☐	☐
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?	☐	☐	23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?	☐	☐
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	☐	☐	24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? I F YES, EXPLAIN INCLUDING ENTITIY NAME(S) AND POLICY NUMBERS(S).	☐	☐
9. ANY GROUP TRANSPORTATION PROVIDED?	☐	☐	**CONTACT INFORMATION**		
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	☐	☐	**INSPECTION**	PHONE: NAME:	
11. ANY SEASONAL EMPLOYEES?	☐	☐			
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?	☐	☐	**ACCTNG RECORD**	PHONE: NAME:	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	☐	☐			
14. DO EMPLOYEES TRAVEL OUT OF STATE?	☐	☐	**CLAIMS INFO**	PHONE: NAME:	
15. ARE ATHLETIC TEAMS SPONSORED?	☐	☐			

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMP-PENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

REMARKS

APPLICANT'S SIGNATURE	**PRODUCER'S SIGNATURE**

ACORD 130 (2000/08)