

# Nonsubscription Application

(Please Type Information)

<p><b><u>Type of Proposal Requested:</u></b></p> <p><input type="checkbox"/> Occupational Accident w/Legal</p> <p><input type="checkbox"/> Occupational Accident only</p>
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Applicant's Name \_\_\_\_\_ Requested Effective Date \_\_\_\_\_  
 Texas Physical Address (NO P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Number of years in business \_\_\_\_\_ Website \_\_\_\_\_ Year of workers' comp rejection \_\_\_\_\_  
 Detailed description of operations: \_\_\_\_\_

Business Type: Corporation Partnership Individual LLC Other: \_\_\_\_\_ Tax ID \_\_\_\_\_

List any Owners, Officers or Partners to be excluded (use separate sheet if necessary): \_\_\_\_\_

On a separate sheet list all affiliates to be covered including Tax ID #.

Check YES by any of the following that apply. If not checked YES, applicant represents and warrants the answer is "NO".

If yes, please explain with detail. Use separate sheet as necessary.

- YES Has there been any OSHA violations in the past 3 years?
- YES Maximum weight of material loaded without assistance exceeds 50lbs?
- YES Do Employee's drive forklifts? If yes, are the certified? YES
- YES Is outside work performed over 24 feet?
- YES Transportation of goods in excess of 250 miles one way? If yes, include commodities hauled.
- YES Hazardous materials transported, handled or stored?
- YES Is there non-commercial Aircraft/Watercraft exposure?
- YES Does applicant have a formal written safety plan, pre-screening program and employee training?
- YES If currently a non-subscriber, ALL employees have acknowledged receipt of the ERISA Plan and mandatory arbitration?
- YES Has workers comp or occupational accident coverage ever been canceled, refused or non-renewed?

DETAIL answer to all "YES" answers (use separate sheet as necessary) \_\_\_\_\_

# of Employees		Classification Code	Annual Payroll by Class (unlimited)	Description
W2	1099			

Current Worker's Comp or Accident Premium \$ \_\_\_\_\_ Current Insurer and SIR: \_\_\_\_\_

Current Experience Modification Rate: \_\_\_\_\_ (provide worksheet) Waiver of Subrogation?  Yes  No  
 (Additional premium of 2%+)

**Benefits to be Quoted:**

EL Limit: \_\_\_\_\_ SIR: \_\_\_\_\_ AD&D Limits: \_\_\_\_\_  
 (\$1,000,000-\$5,000,000) EL limit available (\$1,000 - \$1,000,000 SIR available) (\$100,000-\$250,000 limits available)

Benefit Period: \_\_\_\_\_ Weekly Disability Limit: \_\_\_\_\_  
 (106 weeks - 260 weeks) Benefit period available (\$600-\$1000) benefit available

**Please submit 3 years + current year recently valued loss runs. (90 days or less)**

Applicant acknowledges that:(a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely on the information provided in this application, and attached data, in considering whether to provide insurance coverage; and (c) this application shall become a material and integral part of the policy and the statements made herein shall be construed as your representations and warranties.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_