



Workers Comp Supplemental Application

Legal Business Entity _____
 DBA (if applicable) _____
 Type of entity (corp, llc, sole proprietor) _____

Tax ID # (FEIN) _____

Business Address _____
 City, State _____
 Zipcode _____
 Phone Number _____
 Email Address _____

List all states work is performed _____

| | # of Employees | Total Annual Payroll |
|-----------------------------------|----------------|----------------------|
| Class Code 8720 (Home Inspectors) | _____ | _____ |
| Class Code 8810 (Clerical) | _____ | _____ |

| Names of all owners/officers/partners/members | Title | Ownership % | Annual Payroll | Include WC Coverage | |
|---|-------|-------------|----------------|---------------------|---|
| _____ | _____ | _____ | _____ | Y | N |
| _____ | _____ | _____ | _____ | Y | N |
| _____ | _____ | _____ | _____ | Y | N |
| _____ | _____ | _____ | _____ | Y | N |

Do you currently carry Workers Comp? Y N

Current Workers Comp Carrier _____

Have you had any Workers Comp claims in the last 5 years? Y N
 (If "YES", 5 year loss history required - please request from your current agent)

1. Does Applicant own, operate or lease aircraft / watercraft? Y N
2. Do / have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (eg landfills, wastes, fuel tanks, etc) Y N
3. Any work performed underground or above 15 feet? Y N
4. Any work performed on barges, vessels, docks, bridge over water? Y N
5. Is applicant engaged in any other type of business? Y N
6. Are Sub-Contractors used? Y N
(If "YES", give % of work subcontracted) _____
7. Any work sublet without certificates of insurance? Y N
(If "YES", payroll for this work must be included in total payroll)
8. Is a written safety program in operation? Y N
9. Any group transportation provided? Y N
10. Any employees under 16 or over 60 years of age? Y N
11. Any seasonal employees? Y N
12. Is there any volunteer or donated labor? Y N
(If "YES", please specify) _____
13. Any Employees with physical handicaps? Y N
14. Do employees travel out of state? Y N
(If "YES", indicate state(s) of travel and frequency) _____
15. Are athletic teams sponsored? Y N
16. Are physicals required after offers of employment are made? Y N
17. Any other insurance with this Insurer? Y N
18. Any prior coverage Declined / Cancelled / Non-Renewed in the last three (3) years? (Missouri Applicants - Do not answer this question) Y N
19. Are Employee Health Plans provided? Y N
20. Do any employees perform work for other businesses or subsidiaries? Y N
21. Do you lease employees to or from other employers? Y N
22. Do any employees predominantly work at home? Y N
(If "YES", # of Employees) _____
23. Any Tax Liens or Bankruptcy within the last five (5) years? Y N
(If "YES", please specify) _____
24. Any undisputed and unpaid Workers Compensation premium due from you or any commonly managed or owned enterprises? Y N
If yes, explain including entity name(s) and policy number(s) _____

Applicant's Name: _____
Applicant's Signature: _____
Date: _____