



EXCESS WORKERS' COMPENSATION APPLICATION

must be accompanied by an Employee Concentration Supplement

Name of Applicant _____	<input type="checkbox"/> New Application
Applicant's Representative _____	<input type="checkbox"/> Renewal Policy # _____
Address _____	Effective Date _____

1) Name of applicant and subsidiaries (List only qualified self-insureds.) _____

2) Mailing address _____

3) Website address _____

Description of operations, processes and products of applicant and subsidiaries (Attach copy of current and comprehensive loss prevention inspection reports, product brochure, annual report or 10-K report, and copy of certificate of approval to self-insure issued by the state) _____

(If applicant is a health care facility, a Hospital/Health Care Supplemental Application must be completed.)

4) In which states or jurisdictions will applicant operate as a qualified self-insured? _____

5) Date applicant qualified as a self-insured _____

6) Third party administrator information (If requesting approval for self-administration please attach an Approved Service Organization Application.)

A. Claims administration services

- Name of third party administrator _____
- Address of service company _____
- Service company contact and telephone/e-mail _____
- Has service company accepted responsibility for providing specific excess claim reporting and follow-up detail to excess carrier? yes no If "no", who is responsible? _____
- How long are claims to be handled by the TPA?
A. Life of claim B. Life of contract C. Specific time frame (How long?) _____
- How many years has service company had service contract with applicant? _____
If less than seven years will loss runs include all prior TPA open and closed claims? yes no
- Is service contract concurrent with policy period? yes no If "no", what are the effective and expiration dates of service contract? _____

**** Loss runs concurrent with policy period must be provided on a quarterly basis. ****

B. Loss prevention service

- Name of service provider or consulting firm _____
- Name and phone number of main contact at service company _____
- Name and phone number of applicant's safety manager/coordinator _____
- Does applicant agree to provide copies of loss prevention reports upon request? yes no
- Check the box next to each item that is a component of the applicant's current safety program:

<input type="checkbox"/> Self-inspections	<input type="checkbox"/> Third party inspections	<input type="checkbox"/> Industrial hygiene surveys
<input type="checkbox"/> Ergonomic evaluations	<input type="checkbox"/> Safety committee meetings	<input type="checkbox"/> Job hazard analysis
<input type="checkbox"/> Drug/alcohol testing program	<input type="checkbox"/> Incident investigation process	<input type="checkbox"/> Return to work program
<input type="checkbox"/> Safety accountability system	<input type="checkbox"/> Safety manager on staff	<input type="checkbox"/> Injury management process
<input type="checkbox"/> Orientation safety training	<input type="checkbox"/> Ongoing safety training	<input type="checkbox"/> Hazard Communication/GHS

NOTE: Any change in Service Company or in the kind or amount of service must be immediately communicated to and approved by excess carrier.

I. Provide the number of owned or leased vehicles for the following and indicate the average number of employees occupying each vehicle.

TYPE OF VEHICLE	OWNED/LEASED		NON-OWNED	
	# OF UNITS	AVG. # EMPLOYEES	# OF UNITS	AVG. # EMPLOYEES
1. Passenger cars				
2. Vans				
3. Light & Medium trucks				
4. Heavy & X-Heavy trucks				
5. Buses				
6. Truck Tractors				
7. Trailers				
8. Other (Golf Carts, ATV's, Trams, etc)				

12) **Special exposures** Check the appropriate box that reflects the actual and/or anticipated exposures associated with the applicant's operations. Provide details for any "yes" response below.

Does the applicant...	YES	NO
A. Own, lease or charter any aircraft? (If "yes", Aircraft Supplemental Application must be completed.)	<input type="checkbox"/>	<input type="checkbox"/>
B. Have employees that travel on aircraft other than commercial aircraft? (If "yes," Aircraft Supplemental Application must be completed.)	<input type="checkbox"/>	<input type="checkbox"/>
C. Own, lease or charter any watercraft? (If "yes", Watercraft Supplemental Application must be completed.)	<input type="checkbox"/>	<input type="checkbox"/>
D. Load, unload, repair or construct watercraft or vessels including work performed on barges or docks?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have operations or employees subject to the Longshoremen's and Harbor Workers' Act, Jones Act or Federal Employer's Liability Act?	<input type="checkbox"/>	<input type="checkbox"/>
F. Own, operate or maintain a railroad or own, lease, operate or repair railroad equipment?	<input type="checkbox"/>	<input type="checkbox"/>
G. Have foreign operations or employees who travel to foreign countries?	<input type="checkbox"/>	<input type="checkbox"/>
H. Have occupational disease exposures now or in the past? (Includes asbestos, silica dusts, toxic, injurious or hazardous substances, compounds or chemicals, caustics, fumes, noise, radiation, communicable diseases and any other O.D. exposures.) If "yes", also describe measures taken to control.	<input type="checkbox"/>	<input type="checkbox"/>
I. Have operations involving nanotechnology?	<input type="checkbox"/>	<input type="checkbox"/>
J. Manufacture, produce, refine, store, distribute or transport gases, gasoline or flammables?	<input type="checkbox"/>	<input type="checkbox"/>
K. Manufacture, handle, transport, distribute or store explosives or explosive substances?	<input type="checkbox"/>	<input type="checkbox"/>
L. Have underground, tunneling, mining, cofferdam or subaqueous operations?	<input type="checkbox"/>	<input type="checkbox"/>
M. Perform wrecking, dismantling or demolition work?	<input type="checkbox"/>	<input type="checkbox"/>
N. Have operations subcontracted to others? If "yes", what are the operations and who is responsible for the workers' compensation coverage? Does the applicant require certificates of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
O. Have operations involving exposure to heights?	<input type="checkbox"/>	<input type="checkbox"/>
P. Have operations involving exposure to burns or explosions?	<input type="checkbox"/>	<input type="checkbox"/>
Q. Subject to OSHA's Process Safety Management Standard for Highly Hazardous Materials?	<input type="checkbox"/>	<input type="checkbox"/>
R. Have employees that are leased or loaned from other organizations? If "yes", what are their duties and who is responsible for their workers' compensation coverage? Attach copy of employee lease agreement.	<input type="checkbox"/>	<input type="checkbox"/>
S. Lease or loan employees to other organizations? If "yes", what are their duties and who is responsible for their workers' compensation coverage? Attach copy of employee lease agreement.	<input type="checkbox"/>	<input type="checkbox"/>
T. Have any OSHA violations in the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
U. Have any substantial or unusual changes in operations that are planned or have taken place in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
V. Have workers' compensation coverage that was cancelled or non-renewed in last seven years?	<input type="checkbox"/>	<input type="checkbox"/>
W. Anticipate providing any employees for volunteer disaster relief such as earthquake or hurricane relief?	<input type="checkbox"/>	<input type="checkbox"/>
X. Have any volunteer or donated labor to be covered? If "yes", please provide a list of all volunteer duties and number of hours below.	<input type="checkbox"/>	<input type="checkbox"/>
y. Do employees receive supplemental benefits in addition to statutory workers' compensation benefits?	<input type="checkbox"/>	<input type="checkbox"/>

Provide details for any "yes" responses for special exposures (Attach supplemental page if additional space is required.) _____

FRAUD WARNING STATEMENTS

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and maybe subject to fines and confinement in prison. In order for the Company to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on the Employer's part, the Company must show that: (1) the misinformation is material to the content of the policy; (2) the Company relied upon the misinformation; and (3) the information was either: (a) material to the risk assumed by the Company; or (b) provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on the Employer's part must either be fraudulent or material to the Company's interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on the Employer's part are not fraudulent unless they are made with the intent to knowingly defraud.

All Other States

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Applicant's Representative's Signature: _____ **Date:** _____
(Please enter name, title, and company of submitting broker on signature line above)