



# WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)  
03/07/2020

AGENCY NAME AND ADDRESS Hudson Health Services Inc 1505 Emerson Avenue, Salisbury MD 21801	COMPANY: Immanuel Shelter Inc
	UNDERWRITER: Underwriter
	APPLICANT NAME: Acme Flowers On Mail
	OFFICE PHONE: 5123805930 MOBILE PHONE: (984) 276-867
	MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) 10 Derby Court, New Castle DE 19720
PRODUCER NAME: Merlin D Green	YRS IN BUS: 20
CS REPRESENTATIVE: Merlin D Green	SIC: 5992
OFFICE PHONE (A/C, No, Ext): (990) 654-7866	NAICS: 453110
MOBILE PHONE: 99877898767	WEBSITE ADDRESS: www.acmerose.com
FAX (A/C, No): (256) 756-7521	E-MAIL ADDRESS: acme.flowers@gmail.com
E-MAIL ADDRESS: ywca.delaware@inc.com	SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> TRUST <input type="checkbox"/>
CODE: DJE097654 SUB CODE: DWIJD0987	PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORP <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> OTHER Individual
AGENCY CUSTOMER ID: SKQ08975	CREDIT BUREAU NAME: Shreen Green ID NUMBER: HG9856341209
	FEDERAL EMPLOYER ID NUMBER NCCI RISK ID NUMBER WQD-762818 QSKS-97656
	OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER SQWJ05764

<b>STATUS OF SUBMISSION</b>		<b>BILLING / AUDIT INFORMATION</b>	
<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> BOUND (Give date and/or attach copy)	<input type="checkbox"/> AGENCY BILL <input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY 20 % DOWN: Payment
<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)			AUDIT <input type="checkbox"/> AT EXPIRATION <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> OTHER <input type="checkbox"/> QUARTERLY

LOCATIONS	
LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
1	PO Box 352, Wilmington DE 19899 340 West Newberry Road Suite B, Bloomfield CT 06002
2	PO Box 1271, Seaford DE 19973 PO Box 1271, Seaford DE 19973
3	10 Derby Court, New Castle DE 19720 110 N Railroad Ave, Georgetown DE 19947

POLICY INFORMATION					
PROPOSED EFF DATE 08/25/2020	PROPOSED EXP DATE 08/24/2021	NORMAL ANNIVERSARY RATING DATE 08/24/2021	PARTICIPATING <input checked="" type="checkbox"/> NON-PARTICIPATING	RETRO PLAN 1,00,000	
PART 1 - WORKERS COMPENSATION (States) NY CO WC IY NJ CA NY WC	PART 2 - EMPLOYER'S LIABILITY \$ 12500 EACH ACCIDENT \$ 10000 DISEASE-POLICY LIMIT \$ 7500 DISEASE-EACH EMPLOYEE	PART 3 - OTHER STATES INS NJ NY CA IY IY NY WC CO	DEDUCTIBLES (N / A in WI) <input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> INDEMNITY <input checked="" type="checkbox"/> Other	AMOUNT / % (N / A in WI) 89%	OTHER COVERAGES <input checked="" type="checkbox"/> U.S. & H. VOLUNTARY COMP <input type="checkbox"/> FOREIGN COV <input type="checkbox"/> MANAGED CARE OPTION Other1 Other2
DIVIDEND PLAN/SAFETY GROUP Sarting Position		ADDITIONAL COMPANY INFORMATION Company is in New York			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) IL7210 (01/20) - Disclosure Pursuant To Terrorism Risk Insurance Act IL0952 (01/15) - Cap On Losses From Certified Acts of Terrorism					

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$ 1,000,000.00	TOTAL MINIMUM PREMIUM ALL STATES \$ 100,000.00	TOTAL DEPOSIT PREMIUM ALL STATES \$ 150,000.00

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	John Doe	(457) 876-123	(876) 8676-876	is@gmail.com
ACCTNG RECORD	Jane Doe	(457) 876-876	(876) 8676-567	ar@gmail.com
CLAIMS INFO	Jill Doe	(457) 876-790	(876) 8676-345	cci@gmail.com

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OFFICERS, RELATIVES ( Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
NY	1	Bugs Bunny	01/05/1960	CEO	100	CEO Duties	INC	3505	1000000
NJ	2	S Sodhi	02/05/1961	CEO	98	CEO Duties	EXC	3510	1,00,000
NY	3	David Millard	12/05/1958	CEO	99	CEO Duties	EXC	3511	2,00,000
NJ	4	Johe Root	03/05/1962	CEO	97	CEO Duties	INC	3507	3,00,000

## STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: Rating Information State CW, CO

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	3502	1	Flower Grower	10	2	FG98	FH-98	50000	20%	50,000
2	3503	4	Flower Grower	40	30	D08	YT-54	1,00,000	23%	2,00,000
3	3504	7	Flower Grower	34	12	S987	WE-89	2,00,000	30%	4,00,000
4	3505	6	Flower Grower	42	10	S98	BH-76	1,50,000	25%	3,00,000
5	3506	9	Flower Grower	50	25	8C9	CF-76	1,00,000	27%	2,00,000
6	3507	10	Flower Grower	55	23	N23	VT-45	1,30,000	29%	2,60,000
7	3508	14	Flower Grower	60	30	Q876	CE-65	20,000	32%	40,000
8	3509	3	Flower Grower	60	35	L87	UI-76	30,000	34%	60,000
9	3510	6	Flower Grower	45	40	T75	CT-87	40,000	36%	80,000
10	3511	8	Flower Grower	40	20	P987	P-43	50,000	35%	1,00,000
11	3512	14	Flower Grower	39	11	I987	L-134	60,000	37%	1,20,000
12	3513	12	Flower Grower	38	21	E876	09OI	70,000	39%	1,40,000
13	3514	19	Flower Grower	37	13	G976	R-576	80,000	40%	1,60,000
14	3515	20	Flower Grower	29	2	Z85	R-765	90,000	42%	1,80,000

## PREMIUM

STATE: Rating Information	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM
TOTAL	2.07 / A	\$ 3.07	Other Rating	2.7
INCREASED LIMITS	1.56	\$ 4.45	SCHEDULE RATING *	2.65
DEDUCTIBLE *	2.09	\$ 5.00	CCPAP	2.75
Other 1	1.90	\$ 2.23	STANDARD PREMIUM	2.90
EXPERIENCE OR MERIT MODIFICATION	2.98	\$ 2.40	PREMIUM DISCOUNT	3.00
Other 2	2.00	\$ 1.80	EXPENSE CONSTANT	N / A
ASSIGNED RISK SURCHARGE *	5.00	\$ 1.56	TAXES / ASSESSMENTS *	N / A
ARAP *	7.00	\$ 2.99	Other Taxes	1.09
* N / A in Wisconsin				
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM	DEPOSIT PREMIUM	
\$ 1,000,000.00		\$ 100,000.00	\$ 150,000.00	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Black Pumpkin, LLC ~ Owns Building  
 (Owned 100% by Caroline Till)  
 Finn & Vera, LLC ~ Operations  
 (Owned 51% by Caroline Till)

**PRIOR CARRIER INFORMATION / LOSS HISTORY**

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
2015	CO: Liberty Insurance	10000	0.87	2	20000	75000
	POL #: AF129048					
2019	CO: Some Carrier	15000	1.24	1	12000	58000
	POL #: SC-0992-29388					
2017	CO: Service American Indemnity Company	2,00,000	2.13	3	15,000	65000
	POL #: SATIS0028101					
2021	CO: Technology Insurance Co	2,50,000	3.12	1	25,000	45000
	POL #: TWC4021261					
2013	CO: Brotherhood Mutual Insurance Co	3,00,000	3.00	9	40,000	90000
	POL #: WC10406328					

**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.

Flower shops in hotels

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT? Yes, Applicant operate aircraft	Y
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)  HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING	Y
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? YES, WORK PERFORMED UNDERGROUND ABOVE 15 FEET	Y
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER	Y
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? YES, APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS	Y
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) 50%	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) NO	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION? A WRITTEN SAFETY PROGRAM IS IN OPERATION	N
9. ANY GROUP TRANSPORTATION PROVIDED? GROUP TRANSPORTATION IS PROVIDED	Y
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE? NO	N
11. ANY SEASONAL EMPLOYEES? WE HAVE 10 SEASONAL EMPLOYEES	Y
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify) YES, THERE HAS VOLUNTEER OR DONATED LABOR	Y

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS? THERE ARE TWO EMPLOYEES WITH PHYSICAL HANDICAPS	Y
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency) YES THEY DO	Y
15. ARE ATHLETIC TEAMS SPONSORED? 1 ATHLETIC TEAM SPONSORED	Y
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? YES IT REQUIRED	Y
17. ANY OTHER INSURANCE WITH THIS INSURER? YES, PREVIOUS ONE HAVE	Y
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) PRIOR COVERAGE DECLINED	Y
19. ARE EMPLOYEE HEALTH PLANS PROVIDED? YES EMPLOYEE HEALTH PLANS PROVIDED	Y
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES? ONE EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES	Y
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? NO	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: 05 5 EMPLOYEES PREDOMINANTLY WORK AT HOME	Y
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify) TAX LIENS OR BANKRUPTCY	Y
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S). WC10406328 07WEA0502769	Y

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Additional remarks here.

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION 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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE 09/06/2022	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER S-986545
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