



# WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY NAME AND ADDRESS Acme Insurance Services 145 W. 30th Street New York, NY 10008		COMPANY: Acme Gas	
PRODUCER NAME: Jim Insurance		UNDERWRITER:	
CS REPRESENTATIVE NAME: Mike		APPLICANT NAME: Acme Gas	
OFFICE PHONE (A/C, No. Ext): 516-642-717		OFFICE PHONE: 6133805931	MOBILE PHONE: 6133805999
MOBILE PHONE: 216-842-456		MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) 10 Osage Lane Nesconset, NY, 11767	
FAX (A/C, No.): +44 168 999 8888		YRS IN BUS: 15	
E-MAIL ADDRESS: acme@gmail.com		SIC: 5541	
CODE: 2345 SUB CODE: 22		NAICS: 447110	
AGENCY CUSTOMER ID: 12211		WEBSITE ADDRESS: www.acmegas.com	
CREDIT BUREAU NAME: 2367		E-MAIL ADDRESS: acme.gas@gmail.com	
FEDERAL EMPLOYER ID NUMBER: 39-3806132		ID NUMBER: 2341	
NCCI RISK ID NUMBER: 11100		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER: 56789	

**STATUS OF SUBMISSION****BILLING / AUDIT INFORMATION**

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

**LOCATIONS**

LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
1	10 Osage Lane, Nesconset, NY, 11767
2	2308, Canterbury Drive, Westbury, NY 11590

**POLICY INFORMATION**

PROPOSED EFF DATE 08/25/2020		PROPOSED EXP DATE 08/24/2021		NORMAL ANNIVERSARY RATING DATE		PARTICIPATING NON-PARTICIPATING		RETRO PLAN	
PART 1 - WORKERS COMPENSATION (States) CO NY IG HI AL IN FL GA DE		PART 2 - EMPLOYER'S LIABILITY \$ 125000 EACH ACCIDENT \$ 40000 DISEASE-POLICY LIMIT \$ 12500 DISEASE-EACH EMPLOYEE		PART 3 - OTHER STATES INS CO NY IG HI AL IN FL GA DE		DEDUCTIBLES (N / A in WI) MEDICAL <input checked="" type="checkbox"/> INDEMNITY <input checked="" type="checkbox"/>		AMOUNT / % (N / A in WI) 50,000	
DIVIDEND PLAN/SAFETY GROUP YES		ADDITIONAL COMPANY INFORMATION YES		OTHER COVERAGES <input checked="" type="checkbox"/> U.S.L. & H. VOLUNTARY COMP <input type="checkbox"/> FOREIGN COV		MANAGED CARE OPTION <input type="checkbox"/>			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 12,456									

**TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES**

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$ 0.00	TOTAL MINIMUM PREMIUM ALL STATES \$ 0.00	TOTAL DEPOSIT PREMIUM ALL STATES \$ 0.00
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**CONTACT INFORMATION**

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	John Doe Gas	6121112229	6131112229	isgas@gmail.com
ACCTNG RECORD	Jane Doe Gas	6123334449	6133334449	argas@gmail.com
CLAIMS INFO	Jill Doe Gas	6125556669	6135556669	ccigas@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	Road Runner	01/05/1961	CEO	82	CEO Duties	Inc	8381	120000
NY	2	Minnie Mouse	01/13/1975	COO	18	COO Duties	Inc	8381	82000

## STATE RATING WORKSHEET

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

**RATING INFORMATION - STATE:**[illegible]

**PREMIUM**

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$			\$
INCREASED LIMITS		\$	SCHEDULE RATING *		\$
DEDUCTIBLE *		\$	CCPAP	2.75	\$
		\$	STANDARD PREMIUM	0.89	\$
EXPERIENCE OR MERIT MODIFICATION		\$	PREMIUM DISCOUNT		\$
		\$	EXPENSE CONSTANT	N / A	\$
ASSIGNED RISK SURCHARGE *		\$	TAXES / ASSESSMENTS *	N / A	\$
ARAP *		\$			\$
* N / A in Wisconsin					
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM		DEPOSIT PREMIUM	
\$		\$		\$	

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

Acord 130 remarks

**PRIOR CARRIER INFORMATION / LOSS HISTORY**

AGENCY CUSTOMER ID: 12211

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 Services	30000	.87	2	20000	75000
	POL #: AF129048					
2019	CO: Some Carrier New	45000	1.24	1	12000	58000
	POL #: SC-0992-29388					
	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.

Flower shops in hotels

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT? no	N
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) yes	N
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	Y
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	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)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	Y
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	Y
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	Y
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
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).	N

**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 09/08/2021	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER 11120
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