



# WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)  
09/09/2022

<b>AGENCY NAME AND ADDRESS</b> Acme Flowers Insurance Services 362 Baker's Street Northwood NY 10009		<b>COMPANY:</b> Acme Flowers	
<b>PRODUCER NAME:</b> Tim Krate		<b>UNDERWRITER:</b>	
<b>CS REPRESENTATIVE NAME:</b>		<b>APPLICANT NAME:</b> Acme Flowers On Mail	
<b>OFFICE PHONE (A/C, No, Ext)</b>		<b>OFFICE PHONE:</b> 5123805930	<b>MOBILE PHONE:</b> 6132255896
<b>MOBILE PHONE:</b>		<b>MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)</b> 26 Sugarwood Lane Commack, NY, 11725	
<b>FAX (A/C, No):</b> +44449098779		<b>YRS IN BUS:</b> 5992	
<b>E-MAIL ADDRESS:</b> deui@gmail.com		<b>NAICS:</b> 453110	
<b>CODE:</b> 3253 <b>SUB CODE:</b> 44		<b>WEBSITE ADDRESS:</b> www.acmerose.com	
<b>AGENCY CUSTOMER ID:</b> 4534		<b>E-MAIL ADDRESS:</b> acme.flowers@gmail.com	
		<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORPORATION
		<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORP
		<input type="checkbox"/> LLC	<input checked="" type="checkbox"/> TRUST
		<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER
		<b>CREDIT BUREAU NAME:</b>	
		<b>FEDERAL EMPLOYER ID NUMBER</b>	<b>NCCI RISK ID NUMBER</b>
		38-3806132	878
		<b>ID NUMBER:</b>	
		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

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

<b>LOCATIONS</b>	
<b>LOC #</b>	<b>STREET, CITY, COUNTY, STATE, ZIP CODE</b>
1	26 Sugarwood Lane, Commack, NY, 11725

<b>POLICY INFORMATION</b>	
<b>PROPOSED EFF DATE</b>	<b>PROPOSED EXP DATE</b>
08/25/2020	08/24/2021
<b>NORMAL ANNIVERSARY RATING DATE</b>	<b>PARTICIPATING</b>
	NON-PARTICIPATING
<b>RETRO PLAN</b>	
<b>PART 1 - WORKERS COMPENSATION (States)</b>	<b>PART 2 - EMPLOYER'S LIABILITY</b>
NY CO IE HY	\$ 12500 EACH ACCIDENT
MY AN FL DE	\$ 10000 DISEASE-POLICY LIMIT
	\$ 7500 DISEASE-EACH EMPLOYEE
<b>PART 3 - OTHER STATES INS</b>	<b>DEDUCTIBLES (N / A in WI)</b>
NY CO IE HY	<input checked="" type="checkbox"/> MEDICAL
MY AN FL DE	<input checked="" type="checkbox"/> INDEMNITY
	<b>AMOUNT / % (N / A in WI)</b>
	78000
<b>OTHER COVERAGES</b>	
<input type="checkbox"/> U.S.L. & H.	<input type="checkbox"/> MANAGED CARE OPTION
<input checked="" type="checkbox"/> VOLUNTARY COMP	
<input type="checkbox"/> FOREIGN COV	
<b>DIVIDEND PLAN/SAFETY GROUP</b>	<b>ADDITIONAL COMPANY INFORMATION</b>
Yes	
<b>SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</b>	
45,365	

<b>TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES</b>		
<b>TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES</b>	<b>TOTAL MINIMUM PREMIUM ALL STATES</b>	<b>TOTAL DEPOSIT PREMIUM ALL STATES</b>
\$ 0.00	\$ 0.00	\$ 0.00

<b>CONTACT INFORMATION</b>				
<b>TYPE</b>	<b>NAME</b>	<b>OFFICE PHONE</b>	<b>MOBILE PHONE</b>	<b>E-MAIL</b>
<b>INSPECTION</b>				
<b>ACCTNG RECORD</b>	Jane Doe	6123334444	6133334444	ar@gmail.com
<b>CLAIMS INFO</b>	Jill Doe	6125556666	6135556666	cci@gmail.com

<b>INDIVIDUALS INCLUDED / EXCLUDED</b>									
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.									
<b>STATE</b>	<b>LOC #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>TITLE/ RELATIONSHIP</b>	<b>OWNER-SHIP %</b>	<b>DUTIES</b>	<b>INC/EXC</b>	<b>CLASS CODE</b>	<b>REMUNERATION/PAYROLL</b>
NY	1	Bugs Bunny	01/05/1960	CEO	100	CEO Duties	Inc	3505	1000000



**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	.87	2	20000	75000
	POL #: AF129048					
2019	CO: Some Carrier	15000	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?	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	
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	\
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)	
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?	
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?	
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)	
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	Y
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES? yes	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.			
<p>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.</p> <p>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)</p> <p>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.</p> <p>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.</p> <p>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.</p>			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
	09/09/2022		111890