



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

09/22/2022

AGENCY NAME AND ADDRESS XYZ Insurance Services 70 Washington Square South, New York, NY 10012		COMPANY: AcmeW UNDERWRITER: Writer APPLICANT NAME: Mathew Joe OFFICE PHONE: 987-987-8765 MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) 55 East 10th Street, New York, NY 10003		MOBILE PHONE: 987-987-8976 YRS IN BUS: 8 SIC: 89788 NAICS: 45678 WEBSITE ADDRESS: www.web.com	
PRODUCER NAME: Insurance CS REPRESENTATIVE NAME: CS OFFICE PHONE (A/C No. Ext): 987-987-8765 MOBILE PHONE: 989-877-8766 FAX (A/C No.): 456-899-9877 E-MAIL ADDRESS: address@gmail.com CODE: 76555 SUB CODE: 88777		E-MAIL ADDRESS: add@gmail.com <input checked="" type="checkbox"/> SOLE PROPRIETOR <input checked="" type="checkbox"/> PARTNERSHIP CREDIT BUREAU NAME: Buraeu FEDERAL EMPLOYER ID NUMBER: 78-988888		<input checked="" type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> SUBCHAPTER "S" CORP <input checked="" type="checkbox"/> LLC <input checked="" type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> TRUST <input checked="" type="checkbox"/> OTHER: OT ID NUMBER: 98765499 OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER: 8765434	
AGENCY CUSTOMER ID: AS-5678		NCCI RISK ID NUMBER: 987654			

STATUS OF SUBMISSION**BILLING / AUDIT INFORMATION**

<input checked="" type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
<input checked="" type="checkbox"/> BOUND (Give date and/or attach copy) 09/02/2022		<input checked="" type="checkbox"/> AGENCY BILL	<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> AT EXPIRATION <input checked="" type="checkbox"/> MONTHLY
<input checked="" type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<input checked="" type="checkbox"/> DIRECT BILL	<input checked="" type="checkbox"/> SEMI-ANNUAL <input checked="" type="checkbox"/> QUARTERLY % DOWN: 78	<input checked="" type="checkbox"/> SEMI-ANNUAL <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> QUARTERLY

LOCATIONS

LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE
1	AA	400 Broome St, New York, NY 10013
2	BB	29 Washington Pl, New York, NY 10003
3	CC	36 East 8th Street, New York, NY 10003

POLICY INFORMATION

PROPOSED EFF DATE 09/11/2022		PROPOSED EXP DATE 08/29/2022		NORMAL ANNIVERSARY RATING DATE 09/26/2022		<input checked="" type="checkbox"/> PARTICIPATING <input checked="" type="checkbox"/> NON-PARTICIPATING	RETRO PLAN PLAN A	
PART 1 - WORKERS COMPENSATION (States) AA BB CC DD EE SD ER HJ WE QR		PART 2 - EMPLOYER'S LIABILITY \$ 45,899 EACH ACCIDENT \$ 12,899 DISEASE-POLICY LIMIT \$ 14,756 DISEASE-EACH EMPLOYEE		PART 3 - OTHER STATES INS QQ WW RT YU RT YU TY CF HJ IO		DEDUCTIBLES (N / A in WI) <input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> INDEMNITY <input checked="" type="checkbox"/> DEC	AMOUNT / % (N / A in WI) 78	OTHER COVERAGES <input checked="" type="checkbox"/> U.S.L. & H. <input checked="" type="checkbox"/> VOLUNTARY COMP <input checked="" type="checkbox"/> FOREIGN COV <input checked="" type="checkbox"/> MANAGED CARE OPTION <input checked="" type="checkbox"/> OT1 <input checked="" type="checkbox"/> OT2
DIVIDEND PLAN/SAFETY GROUP DIVIDED		ADDITIONAL COMPANY INFORMATION INFORMATION						
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ADDITIONAL								

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$ 56,988	TOTAL MINIMUM PREMIUM ALL STATES \$ 12,346	TOTAL DEPOSIT PREMIUM ALL STATES \$ 23,588
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CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	SAM	890-876-5466	456-877-5678	sam@gmail.com
ACCTNG RECORD	JOE	234-586-8696	234-576-9576	joe@gmail.com
CLAIMS INFO	JACK	678-987-9870	235-987-8766	jack@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
AP	LocA	ANDREWS	09/08/2022	CEO	78	CEO Duties	INC	87654	9876543
BO	LocB	ROBERT	09/02/2022	Manager	79	Manager Duties	EXC	876543	1234567
CI	LocC	MERLIN	09/08/2022	CEO	22	CEO Duties	EXC	123456	654322
DY	LocD	JAKE	09/09/2022	Manager	88	Manager Duties	INC	23455	234567

STATE RATING WORKSHEET

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

RATING INFORMATION - STATE: NY

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	1234	3455	CategoryA	2	1	2345	6777	34,567	4.590	2,34,555
2	23445	2345	CategoryB	7	8	2345	87654	87,654	5.677	67,888
3	4567	5443	CategoryC	7	9	2345	2345	45,677	7.654	23,456
4	3459	1234	CategoryD	8	3	3444	3457	23,456	3.445	67,889
5	5678	3456	CategoryE	9	4	3578	5678	12,345	5.678	67,888
6	9876	3445	CategoryF	4	7	2345	6789	23,456	2.345	67,679
5	4677	7655	CategoryG	7	9	2345	6788	67,788	5.677	56,988
8	2345	9876	CategoryH	8	4	7888	9887	56,788	8.766	45,788
9	4567	1234	CategoryI	5	2	2345	3456	34,567	3.455	12,345
10	2345	3456	CategoryJ	1	2	3456	4567	23,456	2.355	23,446
11	2344	5432	CategoryK	4	2	6777	8765	12,345	1.345	23,456
3	1234	2334	CategoryL	8	9	4578	4566	23,457	2.345	76,988
7	5669	3455	CategoryM	4	5	2345	3456	23,455	4.599	65,889
8	12334	2344	CategoryN	5	3	1234	3455	23,456	5.555	23,456

PREMIUM

STATE: NY	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$ 23,900	RATING	8.77	\$ 45,999
INCREASED LIMITS	0.98	\$ 23,456	SCHEDULE RATING *	4.67	\$ 65,876
DEDUCTIBLE *	0.76	\$ 24,567	CCPAP	2.34	\$ 45,899
LIMITS	1.23	\$ 12,444	STANDARD PREMIUM	1.22	\$ 24,567
EXPERIENCE OR MERIT MODIFICATION	2.56	\$ 34,566	PREMIUM DISCOUNT	2.44	\$ 45,876
MERIT	3.44	\$ 57,789	EXPENSE CONSTANT	N / A	\$ 34,987
ASSIGNED RISK SURCHARGE *	4.55	\$ 36,678	TAXES / ASSESSMENTS *	N / A	\$ 24,567
ARAP *	6.66	\$ 12,344	TAXES	6.89	\$ 56,788

* N / A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
\$ 45,908	\$ 56,765	\$ 45,789

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REMARKS

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
2021	CO: Liability POL #: RT555	24,567	7	8777	34,978	23,555
2020	CO: same carrier POL #: YU888	12,345	8	9888	23,456	34,678
2022	CO: Carrier Liability POL #: TY6777	14,346	4	3456	45,678	23,456
2019	CO: Carrier POL #: QW3455	12,345	6	2345	23,456	45,678
2018	CO: Work POL #: ER45555	56,877	9	3456	56,766	23,876

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.

MACHINERY

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT? LEASE	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) STORING	Y
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? 15 FEET	Y
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? BRIDGE WATER	Y
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? OTHER TYPE	Y
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) USED	Y
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) CERTIFICATES	Y
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION? OPERATION	Y
9. ANY GROUP TRANSPORTATION PROVIDED? GROUP	Y
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE? 16 OR OVER	Y
11. ANY SEASONAL EMPLOYEES? EMP	Y
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify) LABOR	Y
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS? PHYSICAL	Y
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency) TRAVEL STATE	Y
15. ARE ATHLETIC TEAMS SPONSORED? ATHLETIC	Y

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? OFFERS	Y
17. ANY OTHER INSURANCE WITH THIS INSURER? INSURER	Y
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) CANCELLED	Y
19. ARE EMPLOYEE HEALTH PLANS PROVIDED? HEAL	Y
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES? PERFORM WORK	Y
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? OTHERS	Y
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: <u>9</u> work at home	Y
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify) LAST 5	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). MANAGED	Y

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p style="text-align: right;">(Applicant's Initials): <u>AS</u></p> <p>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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).</p> <p>Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.</p> <p>Applicable in 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.</p> <p>Applicable in Florida and Oklahoma: 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 (In FL, a person is guilty of a felony of the third degree).</p> <p>Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p> <p>Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.</p> <p>Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p> <p>Applicable in Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
SD	10/01/2022	PS	1234567