



# WORKERS COMPENSATION APPLICATION

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

<b>AGENCY NAME AND ADDRESS</b> Kmap Insurance Services 47 W 13th St, New York, NY 10011,		<b>COMPANY:</b> Acme Flowers	
		<b>UNDERWRITER:</b> Writer name	
		<b>APPLICANT NAME:</b> Acme Flowers On Mail	
		<b>OFFICE PHONE:</b> 5123805930	<b>MOBILE PHONE:</b> 6132255896
		<b>MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)</b> 26 Sugarwood Lane Commack, NY, 11725	
		<b>YRS IN BUS:</b> 20	
		<b>SIC:</b> 5992	
		<b>NAICS:</b> 453110	
		<b>WEBSITE ADDRESS:</b> www.web.com	
<b>PRODUCER NAME:</b> Michelen Insurance			
<b>CS REPRESENTATIVE NAME:</b> CS			
<b>OFFICE PHONE (A/C, No, Ext):</b> 768-987-7654		<b>E-MAIL ADDRESS:</b> acme.flowers@gmail.com	
<b>MOBILE PHONE:</b> 768-098-8765			
<b>FAX (A/C, No):</b> 567-876-7654			
<b>E-MAIL ADDRESS:</b> ex@gmail.com			
<b>CODE:</b> 7654 <b>SUB CODE:</b> 6543			
<b>AGENCY CUSTOMER ID:</b> ABC4567			
		<b>SOLE PROPRIETOR</b> <input type="checkbox"/> <b>CORPORATION</b> <input type="checkbox"/> <b>LLC</b> <input type="checkbox"/> <b>TRUST</b> <input type="checkbox"/>	
		<b>PARTNERSHIP</b> <input type="checkbox"/> <b>SUBCHAPTER "S" CORP</b> <input type="checkbox"/> <b>JOINT VENTURE</b> <input checked="" type="checkbox"/> <b>OTHER</b> OT	
		<b>CREDIT BUREAU NAME:</b> Buraeu	<b>ID NUMBER:</b>
		<b>FEDERAL EMPLOYER ID NUMBER</b> 38-3806132	<b>NCCI RISK ID NUMBER</b> 876543
		<b>OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER</b> 87654333	

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

<b>LOCATIONS</b>	
LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
1	26 Sugarwood Lane, Commack, NY, 11725
2	20 Cooper Square, New York, NY 10003
3	1 E 2nd St, New York, NY 10003
4	75 3rd Ave, New York, NY 10003
5	Metrotech Center, Brooklyn, NY 11201
6	721 Broadway, New York, NY 10003

<b>POLICY INFORMATION</b>				
<b>PROPOSED EFF DATE</b> 08/25/2020	<b>PROPOSED EXP DATE</b> 08/24/2021	<b>NORMAL ANNIVERSARY RATING DATE</b> 09/08/2022	<input checked="" type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING	<b>RETRO PLAN</b> PLAN
<b>PART 1 - WORKERS COMPENSATION (States)</b> AA BB CC	<b>PART 2 - EMPLOYER'S LIABILITY</b> \$ 12500 EACH ACCIDENT \$ 10000 DISEASE-POLICY LIMIT \$ 7500 DISEASE-EACH EMPLOYEE	<b>PART 3 - OTHER STATES INS</b> DD EE FF	<b>DEDUCTIBLES (N / A in WI)</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> INDEMNITY <input checked="" type="checkbox"/> other	<b>AMOUNT / % (N / A in WI)</b> 89
<b>DIVIDEND PLAN/SAFETY GROUP</b> Divided		<b>ADDITIONAL COMPANY INFORMATION</b> Info		
<b>OTHER COVERAGES</b> <input type="checkbox"/> U.S.L. & H. VOLUNTARY COMP <input type="checkbox"/> FOREIGN COV <input checked="" type="checkbox"/> OT2				
<b>SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</b> Additional				

<b>TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES</b>		
<b>TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES</b> \$ 34,000.00	<b>TOTAL MINIMUM PREMIUM ALL STATES</b> \$ 23,000.00	<b>TOTAL DEPOSIT PREMIUM ALL STATES</b> \$ 45,000.00

<b>CONTACT INFORMATION</b>				
<b>TYPE</b>	<b>NAME</b>	<b>OFFICE PHONE</b>	<b>MOBILE PHONE</b>	<b>E-MAIL</b>
INSPECTION	John Doe	6121112222	6131112222	is@gmail.com
ACCTNG RECORD	Jane Doe	6123334444	6133334444	ar@gmail.com
CLAIMS INFO	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.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
NY	LocA	Bugs Bunny	01/05/1960	CEO	100	CEO Duties	Inc	3505	1000000
BB	LocB	Mathew	21/05/1960	Manager	78	Manager duties	Exc	7896	4567899
VC	LocC	Merlin	09/07/2020	CEO	76	CEO Duties	Inc	7654	9876545
ER	LocD	Muskan	09/08/2021	Clerk	89	Clerk Duties	Exc	8768	8765446
YU	LocE	Raman	08/07/2021	Manager	56	Manager Duties	Inc	8765	1234567
TU	LocF	Kian	09/07/2020	CEO	89	CEO Duties	Exc	8760	7654333
UI	LocG	Vijay	01/05/1960	Manager	12	Manager Duties	Inc	1234	123456
Y	LocH	Riya	01/05/1960	CEO	34	CEO Duties	Exc	1345	876543

## 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		SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
				FULL TIME	PART TIME					
1	3502	1987	CategoryA	10	2	7898	987	50,000	7988	7.987
2	8769	4567	CategoryB	78	6	8765	7654	67,000	6700	8.765
3	5677	2345	CategoryC	5	7	7654	456	56,987	8765	4.764
4	6543	2345	CategoryD	4	4	7654	776	45,987	8765	0.876
5	2345	9876	CategoryE	3	1	8767	8765	34,876	3456	3.546
6	3456	7655	CategoryF	45	2	7654	8765	23,876	8765	0.876
7	6543	1234	CategoryG	7	3	8765	7647	45,657	7647	3.546
9	1234	5678	CategoryH	5	3	8769	8769	67,875	7647	7.987
5	6778	4566	CategoryI	7	4	8765	8765	23,765	7655	0.876
6	3456	3456	CategoryJ	9	5	3456	3456	45,786	5678	7.987
7	4567	3456	CategoryK	7	6	6789	2356	76,765	3456	7.987
8	8765	8765	CategoryL	8	7	7654	7655	65,098	6544	0.876
9	9876	8765	CategoryM	8	6	6789	9876	56,765	9876	0.876
10	34567	9876	CategoryN	5	3	2344	6543	54,678	8765	0.876
11	7654	8765	CategoryO	6	4	7654	8765	65,098	3458	0.765
12	7890	6543	CategoryP	4	6	7654	4567	54,678	1234	3.567
13	5678	8765	CategoryQ	3	7	345	2345	45,786	2348	5.765
14	4324	7654	CategoryR	2	8	8765	2345	54,678	7659	1.263
1	7889	0987	CategoryS	7	9	8769	8769	54,678	2345	8.765
5	8765	7654	CategoryT	8	7	4567	8765	45,786	1234	9.678
7	7655	9876	CategoryU	6	1	765	7654	45,786	3456	3.567
8	7658	765	CategoryV	4	2	3456	1234	65,098	4568	5.768
8	23456	8765	CategoryW	8	9	76543	7654	56,000	7658	3.456
9	7655	3456	CategoryX	8	7	2346	8765	23,457	2345	1.234
2	8765	3456	CategoryY	5	3	2345	7654	34,235	3456	2.345
5	5678	1467	CategoryZ	8	5	3456	7532	35,687	2134	5.784
8	1234	5443	CategoryA	6	2	2345	6543	23,456	1467	3.456
4	1256	6433	CategoryB	9	7	6788	1234	36,678	1555	3.567

## PREMIUM

STATE: NY	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$ 87,000	PREMIUM	9.88	\$ 67,908
INCREASED LIMITS	0.98	\$ 56,000	SCHEDULE RATING *	5.88	\$ 56,876
DEDUCTIBLE *	0.87	\$ 12,000	CCPAP	2.75	\$ 45,876
LIMITS	0.67	\$ 78,000	STANDARD PREMIUM	7.88	\$ 34,876
EXPERIENCE OR MERIT MODIFICATION	0.85	\$ 87,000	PREMIUM DISCOUNT	2.33	\$ 98,766
MERIT	0.76	\$ 87,000	EXPENSE CONSTANT	N / A	\$ 23,877
ASSIGNED RISK SURCHARGE *	0.85	\$ 12,000	TAXES / ASSESSMENTS *	N / A	\$ 56,098
ARAP *	0.85	\$ 12,000	TAXES	12,890	\$ 12,890

\* N / A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
\$ 34,000.00	\$ 23,000.00	\$ 45,000.00

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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
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					
2020	CO: CO	78899	9.87	7	67788	87655
	POL #: BV76545					
2021	CO: Carrier	87650	7.65	8	76543	89765
	POL #: G9876					
2021	CO: Some	7889	5.45	1	23456	3456
	POL #: AS7788					

**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? OWN	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) DISPOSING	Y
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? 15 FEET	Y
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER? DOCKS	Y
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ENGAGED	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) Insurance	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? 60 YEARS	Y
11. ANY SEASONAL EMPLOYEES? SEASONAL	Y
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify) DONATED	Y

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS? EMP	Y
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency) Travel states	Y
15. ARE ATHLETIC TEAMS SPONSORED? TEAMS	Y
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) DECLINED	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? LEASE	Y
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: 8 WORK AT HOME	Y
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify) TAX LIENS	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). UNPAID	Y

**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) AS	DATE 08/03/2021	PRODUCER'S SIGNATURE PS	NATIONAL PRODUCER NUMBER 12345677