

Worker's Compensation Insurance Application

Please Note: All applications are subject to review, underwriting approval, and insurer guidelines. Coverage will only take effect once the policy is officially issued, bound, and any required premiums are paid. During the underwriting process, additional information, documentation, or inspections may be requested. Coverage availability is not guaranteed and may be declined, modified, or approved based on the insurer's evaluation. Turnaround times are estimates and may vary depending on the complexity of the application and other factors such as market conditions and workload.

Desired Effective Date of Coverage:

Contact Information

Your Full Name:

Phone Number:

Email Address:

Section I: Business Information

1. Legal Name of Business:

2. Business Structure (LLC, Corporation, Non-Profit, etc):

3. How Many Years Have You Been in Business?:

4. Federal Employer ID (EIN / FEIN):

5. What is the Businesses Website? (If applicable):

6. Mailing Address (Street, City, State, ZIP):

7. Physical Address (Street, City, State, ZIP):

List Any Additional Addresses Below (If Applicable) (If Additional Lines Are Needed, Append the Additional Addresses to The Application)

Address:	Description (What's Here?)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8. Description of your business operations:

(What does the business do?)

Section II Worker's Compensation Questions:

- 9.** Has This Business Had Prior Worker's Compensation Coverage? (Yes/No):
- 10.** Does Your Business Employ Any Preferred Workers? (Yes/No):
[Click here to learn more about preferred workers](#)
- 11.** Does the Business Have a Written Safety Program? (Yes/No):
- 12.** Does the Business Owner, Operate or Lease Aircraft or Watercraft? (Yes/No):
- 13.** Is any Work Performed on Vessels, Docks, Bridges or Over Water? (Yes/No):
- 14.** Any Past or Present Operations Involving Hazardous Materials? (Yes/No):
- 15.** Do Any Owners or Employees Perform Work Underground or Above 15 Feet? (Yes/No):
- 16.** Is There Any Group Transportation Provided?: (Yes/No):
- 17.** Does the Business Employ Anyone Under 16 years or Over 60 Years of Age? (Yes/No):
- 18.** Do Any Employees Have Known Physical Handicaps? (Yes/No):
- 19.** Does Your Business Employ Any Seasonal Workers/Employees? (Yes/No):
- 20.** Does the Business Use Any Volunteer or Donated Labor? (Yes/No):
- 21.** Do Any of Your Employees Travel Out of State to Perform Their Job Functions? (Yes/No):
- 22.** Are Physicals Required When Offers of Employment Are Made? (Yes/No):
- 23.** Do Any Employees Perform Work for Other Businesses or Subsidiaries? (Yes/No):
- 24.** Do Any Employees Predominately Work At Home? (Yes/No):
- 25.** Do You Lease Employees to or from other employers? (Yes/No):
- 26.** Are Employee Health Plans Provided? (Yes/No):
- 27.** Do You Use Subcontractors? (Yes/No):
- 28.** Has This Business Had Any Prior Worker's Compensation Insurance Declined, Cancelled or Non-Renewed in th Last 3 Years? (Yes/No):
- 29.** Have There Been Any Tax Liens or Bankruptcies within the last 5 years? (Yes/No):
- 30.** Are There Any Unpaid Worker's Compensation Premiums Due from You or Any Commonly Managed or Owned Enterprises?: (Yes/No):

31. Please explain any yes responses to questions 9 – 30 here:

Section III Ownership Information:

LIST OF BUSINESS OWNERS:

<u>Full Legal Name</u>	<u>Date of Birth</u>	<u>Title</u>	<u>Ownership %</u>	<u>Job Duties</u>	<u>Years of Industry Experience</u>	<u>Include for Coverage? (Y/N)</u>	<u>Estimated Annual Renumeration / Payroll</u>

LIST OF BUSINESS NAMES TO BE INSURED (Include any related brand names, dbas, trade names, etc here):

(Only complete this section if it applies to your business. If the name on the first page is the only business name/entity you use, there is no need to fill out the table below)

<u>Name:</u>	<u>Type (LLC, Corp, DBA, Etc):</u>	<u>Resident State:</u>	<u>Activity / Operations:</u>	<u>Covered by Separate Workers Comp Policy? (Y/N)</u>	<u>Number of Employees</u>

You can add additional remarks here (If applicable):

Section IV: Employee Information:

	# of Full Time Employees	# of Part Time Employees
Employee Count: (Not Including Owners)		

Employee Payroll:

Instructions: We need to know what jobs your workers do and how much you pay them.
Please fill out **one row for each type of job** at your business.

For each row:

1. **Job Title** – What is the job called?
(Example: Server, Cook, Driver)
2. **Job Description** – What does the person in this job do?
(Example: Takes customer orders and serves food)
3. **# of Employees** – How many people do this job?
(Example: 3)
4. **Total Annual Payroll** – How much will you pay all the employees in this job over 12 months?
(Example: If 3 cooks earn \$30,000 each, write \$90,000)

If your business is new, just enter your best guesses for the year ahead.

Do Not Include Owners Below

Job Title	Job Description	# of Employees	Total Annual Payroll

Signature and Fraud Disclosure Notice:**Fraud Warning:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Disclosure of Information:

I acknowledge that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial of coverage, cancellation of the policy, or legal action.

Consent to Obtain Information:

I authorize the insurance company to obtain any necessary information regarding my application for insurance. This may include, but is not limited to, credit reports, previous insurance history, and any other relevant records required to process this application to the extent allowable by law.

Notice of Information Practices:

Notification for insurance company, ("You"), I hereby authorize you to collect and disclose personal, privileged information, about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living. I understand that credit scoring information may be used to either determine my eligibility for insurance or the premium I will be charged. I understand that I am entitled to receive a copy of this authorization and, upon request, a record of any subsequent disclosures of personal or privileged information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed. A

Signature:

By signing below, I certify that I have read and understand the disclosures above and agree to the terms of this application.

Applicant Name:**Title:****Signature:****Date:**

Please Return This Form to Alex Hanson When Completed

Alex.Hanson@Hubinternational.com

350 NW Elks Drive, Corvallis, OR 97330

560 Country Club Pkwy, Eugene, OR 97401