

WORKERS COMPENSATION APPLICATION

AGENCY NAME AND ADDRESS:	Test AGENCY NAME AND ADDRESS	PRODUCER NAME:	Test PRODUCER NAME
CS REPRESENTATIVE Name:	Test CS REPRESENTATIVE NAME	OFFICE PHONE (A/C, No, Ext):	76765667
MOBILE PHONE:	657567657	FAX (A/C, No):	78679869789
E-Mail Address:	testpspbrok@gmail.com	CODE:	CVSDF22AA
SUB CODE:	GDDG32A	COMPANY:	Glocify
UNDERWRITER:	hgjghjghj	APPLICANT NAME:	Pankaj Test Broker
OFFICE PHONE:	76586787867	MOBILE PHONE:	76586787867
MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code):	GDDG32A	YRS IN BUS:	10
SIC:	lkjljkl	NAICS:	kljkl
Website Address:	kljkl	EMAIL ADDRESS:	testpspbrok@gmail.com
CREDIT BUREAU NAME:	kljkljkl	ID NUMBER:	kljljk
FEDERAL EMPLOYER ID NUMBER:	ljkljk	NCCI RISK ID NUMBER:	ljkljk
FEDERAL EMPLOYER ID NUMBER:	ljkljk	OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER:	ljkl
BILLING PLAN:	AGENCY BILL	PAYMENT PLAN:	ANNUAL,SEMI
AUDIT:	AT EXPIRATI	PROPOSED EFF DATE:	kljkl
PROPOSED EXP DATE:	kljkljk	NORMAL ANNIVERSARY RATING DATE:	ljkljk
PARTICIPATING:	PARTICIPATING	RETRO PLAN:	kljkljkl
PART 1 - WORKERS COMPENSATION (States):	kjljkljkl	PART 2 - EMPLOYER'S LIABILITY:	
PART 3 - OTHER STATES INS:	kjljkljkl	DEDUCTIBLES (N/A in WI):	MEDICAL
AMOUNT / % (N/A in WI):	20%	OTHER COVERAGES:	U.S.L. & H
PART 1 - WORKERS COMPENSATION (States):	kjljkljkl	PART 2 - EMPLOYER'S LIABILITY:	
PART 3 - OTHER STATES INS:	kjljkljkl	DEDUCTIBLES (N/A in WI):	MEDICAL
AMOUNT / % (N/A in WI):	20%	OTHER COVERAGES:	U.S.L. & H
DISEASE-POLICY LIMIT:		DISEASE-EACH EMPLOYEE:	
DIVIDEND PLAN/SAFETY GROUP:	hjkjhkhj	ADDITIONAL COMPANY INFORMATION:	khjkjhj
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required):	khjkjhjk		

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
jkhkh	jkhjkh	jkhjkhjk

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	jkhkhjk	gghjghjh	jkhjkhj	klkjddf
ACCTNG	hjkhj	jkhghjl,	khjk	sdfsfdsg
RECORD	khjk	khgjkghjk	hjkhj	fsdfsdf
CLAIMS	hjkhj	bjk	kjhkj	fdbvxds
INFO	jkhjkhjk	,n,nm,m	hghfjkghk	sDasfdg

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- STATE LOC # SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
ghfghgf	gfhfgh	wetrey	fghgh	yughgj	uiyuiuy	dwevbe	gugeur	uirhuiwehr	rtryi
gfhgh	hgfhfg	yyy	fggfth	hjjdjgkuy	tdywqwe	ghfgwf	rjewr	hrotu	tjreko
fghgh	jhgjgk	tyty	ghgfth	jhgjl	kljkl	fgdweteb	hreth	sadasdas	uyuyuyu
ghgfgh	ghghgf	hfgfhgh	fghfghyyuytu	jituieurt	uhtjr	rthiorht	uiertu	asdsdsasad	rrtrr

RATING INFORMATION - STATE:

[illegible]

PREMIUM

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A				
INCREASED LIMITS			SCHEDULE RATING *		
DEDUCTIBLE *			CCPAP		
			STANDARD PREMIUM		
EXPERIENCE OR MERIT			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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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PRIOR CARRIER INFORMATION / LOSS HISTORY

AGENCY CUSTOMER ID:

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

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.
hjhgjgj

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	yes
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?	yes
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	yes
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	yes
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	yes
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)	yes
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	yes
9. ANY GROUP TRANSPORTATION PROVIDED?	yes
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	yes
11. ANY SEASONAL EMPLOYEES?	yes
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	yes
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	yes
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	yes
15. ARE ATHLETIC TEAMS SPONSORED?	yes
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	yes
17. ANY OTHER INSURANCE WITH THIS INSURER?	yes
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	yes
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	yes
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	yes
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	yes
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees:	yes
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	yes
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).	yes