



WC ACORD 130 GENERAL QUESTIONS

Below is the list of questions needing responses for an accurate quote:

CONTACT NAME:

CONTACT PHONE:

CONTACT EMAIL:

LEGAL NAME OF YOUR BUSINESS:

DBA (If Applicable):

FEIN (Federal Employer Number):

WEBSITE (If Applicable):

NATURE OF BUSINESS:

PROVIDE A DETAILED DESCRIPTION OF YOUR OPERATIONS. THIS IS USED TO HELP DETERMINE THE PROPER CLASSIFICATION OF YOUR BUSINESS.

NEW BUSINESS?

YEAR YOUR BUSINESS BEGAN:

YEARS OF EXPERIENCE IN THE SAME FIELD:

PRIMARY BUSINESS ADDRESS (Physical Address):

MAILING ADDRESS (If different from above):

OTHER LOCATION ADDRESS (If Applicable):

ANNUAL PROJECTED RECEIPTS / EST. ANNUAL REVENUE:

ANNUAL PAYROLL (DO NOT INCLUDE OWNER (S)):

OWNER(S) NAME (Include as many as Applicable):

NUMBER OF FULL TIME EMPLOYEES (do not include owner(s)):

NUMBER OF PART TIME EMPLOYEES (do not include owner(s)):

EMPLOYEE (1):

NAME:

JOB DESCRIPTION:

DATE OF BIRTH:

ANNUAL PAYROLL:

EMPLOYEE (2):

NAME:	JOB DESCRIPTION:
DATE OF BIRTH:	
ANNUAL PAYROLL:	

Employee (include as many as applicable)

If you have a spreadsheet of the employees positions and salary, please email it to info@equiinsurance.com

OWNER (1):

OWNER(S) NAME:	OWNERSHIP %:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
ANNUAL PAYROLL:	DESCRIPTION OF OPERATIONS:
INCLUDED?	
EXCLUDED?	

OWNER (2):

OWNER(S) NAME:	OWNERSHIP %:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
ANNUAL PAYROLL:	DESCRIPTION OF OPERATIONS:
INCLUDED?	
EXCLUDED?	

OWNER (3):

OWNER(S) NAME:	OWNERSHIP %:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
ANNUAL PAYROLL:	DESCRIPTION OF OPERATIONS:
INCLUDED?	
EXCLUDED?	

OWNER (4):

OWNER(S) NAME:	OWNERSHIP %:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
ANNUAL PAYROLL:	DESCRIPTION OF OPERATIONS:
INCLUDED?	
EXCLUDED?	

1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?

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.)

3. ANY WORK UNDERGROUND?	IF YES, HOW MANY FEET?
i. Any work above 15 feet?	If yes, how many feet?

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4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?

5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?

6. DO YOU USE ANY SUBCONTRACTORS OR PAY ANY WORKERS USING IRS FORM 1099?

- i. Percentage of work done by subcontractors/1099 workers:
- ii. Annual Projected Subcontractor/1099 Costs:
- iii. Describe work performed by subcontractors/1099:
- iv. Do you request certificate of insurance from all your subcontractors/1099? Y/N

7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE?

8. IS A FORMAL SAFETY PROGRAM IN OPERATION? If yes, please send a copy of the safety program to info@equiinsurance.com

9. ANY GROUP TRANSPORTATION PROVIDED?

10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?

11. ANY PART TIME OR SEASONAL EMPLOYEES?

12. IS THERE ANY VOLUNTEER OR DONATED LABOR?

13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?

14. DO EMPLOYEES TRAVEL OUT OF STATE?

15. ARE ATHLETIC TEAMS SPONSORED?

16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?

17. ANY OTHER INSURANCE WITH THIS INSURER?

18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (Last 3 years)?

19. ARE EMPLOYEE HEALTH PLANS PROVIDED?

20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?

21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? If yes, please send copy of contract to info@equiinsurance.com

22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?

23. Do you provide transportation to and from jobsites for employees? Y / N

Number of employees transported per vehicle:

What is the maximum radius of travel in miles?

24. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES?

25. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS COMPENSATION PROVIDER?

26. Is appropriate licensing in place if needed? Y / N

i. Please provide license numbers

27. WORKERS COMPENSATION LIMITS NEEDED:

- i. 100,000/500,000/100,000
- ii. 500,000/500,000/500,000
- iii. 1,000,000/1,000,000/1,000,000
- iv. Other:

28. DESIRED EFFECTIVE DATE (WHEN DO YOU NEED YOUR INSURANCE COVERAGE TO START?)

29. IS WORKERS COMPENSATION INSURANCE CURRENTLY IN EFFECT?

- i. Expiration Date (If Applicable)
- ii. Number of years with continuous insurance (If Applicable)
- iii. Attached 3-5 years Loss Runs from prior insurance (If Applicable) or email to info@equiinsurance.com
- iv. If not prior Workers Compensation, explain the reasons:

30. EXPERIENCE MOD (if applicable):

- i. If you are experience rated, provide the experience mod factor that will be applicable for this policy.

31. ANY CLAIMS IN THE LAST 5 YEARS?

- i. Claim Date (If Applicable)
- ii. Description of Claim
- iii. Claim Paid Amount (If Applicable)

32. DOES THIS OWNER(S) HAVE ANY CURRENT OR PRIOR OWNERSHIP INTEREST IN ANY OTHER COMPANY, INDUSTRY RELATED OR NOT? Y / N

- i. If yes, please list the names and FEIN #'s
- ii. Is a workers compensation policy active?

33. ANY CASH PAYMENTS MADE? Y / N

