| ACORD | | WOI | RKERS | CO | MPE | ENSAII | | AP | PLI | CATIO | NC | | | DA | TE (MM/DD/YYYY) |
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| AGENCY NAME AND ADDRESS | | | | COMPANY: | | | | | | | | | | | |
| | | | | UN | DERWRIT | TER: | | | | | | | | | |
| PRODUCER NAME: | | | | APPLICANT NAME: | | | | | | | | | | | |
| | | | | OFFICE PHONE: MOBILE PHONE: | | | | | | | | | | | |
| | | | | MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) YRS II | | | | | | N BU | N BUS: | | | | |
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| CS REPRESENTATIVE NAME: | | | | | | | | | | | WEB: | | | | |
| OFFICE PHONE (A/C, No, Ext): | | | | E-N | IAIL ADDI | RESS: | | | | | | | | | |
| MOBILE PHONE: | | | | | SOLE P | PROPRIETOR | CORF | ORA | ΓΙΟΝ | LLC | | TRUST UNINCORPORATEI ASSOCIATION | | | |
| FAX (A/C, No): | | | | | PARTN | ERSHIP | SUBC "S" CC | SUBCHAPTER "S" CORP | | | ENTURE OTHER: | | | | |
| E-MAIL ADDRESS: | | | | CR BU | CREDIT BUREAU NAME: ID NUMB | | | | | | | NUMBER: | | | |
| CODE: | SUB Co | ODE: | | | | MPLOYER ID NUM | BER | NC | CI RISK II | ID NUMBER OTHER R | | | HER RATING | ATING BUREAU ID OR STATE ER REGISTRATION NUMBER | |
| AGENCY CUSTOMER ID: | | | | 1 | | | | | | Lim Edit Registrat | | | | | |
| STATUS OF SUBM | ISSION | | BILLING | G / A | UDIT II | NFORMATIO | N | | | | | | | | |
| QUOTE | ISSUE POLICY | | BILLING PI | LAN | | PAYMENT PLA | N | | | | AL | DIT | | | |
| BOUND (Give date an | d/or attach copy) | | AGEN | NCY B | ILL | ANNUAL | | | | | | AT | EXPIRATION | ı 🔲 | MONTHLY |
| ASSIGNED RISK (Atta | ich ACORD 133) | | DIREC | CT BILL SEMI-ANNUAL | | | | | | | SEMI-ANNUAL | | | | |
| | | | | | QUARTERLY % DOWN: | | | | | QUARTERLY | | | | | |
| LOCATIONS | | | | | | | | | | | | | | | |
| LOC # HIGHEST STRE | ET, CITY, COUNTY, S | STATE, ZIP C | ODE | | | | | | | | | | | | |
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| TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES | TOTAL MINIMUM PREMIUM ALL STATES | TOTAL DEPOSIT PREMIUM ALL STATES |
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CONTACT INFORMATION

| TYPE | NAME | OFFICE PHONE | MOBILE PHONE | E-MAIL |
|----------------------------|------|--------------|--------------|--------|
| INSPECTION | | | | |
| ACCTNG RECORD CLAIMS | | | | |
| CLAIMS INFO | | | | |

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 |
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