Nonsubscription Application

(Please Type Information)

Type of Proposal Requested:
- ☐ *Occupational Accident only*
- ☐ *Occupational Accident w/Legal*

Applicant Name _____ Requested Effective Date _____

Address _____ City_____ Zip_____ Tax ID # _____

Number of years in business: _____ Nature of Business _____ Date of workers' comp coverage rejection: _____

Has worker's comp or occupational accident coverage ever been canceled, refused or non-renewed? ☐ Yes ☐ No

If Yes, please explain:_____

Business Type: ☐ Corporation ☐ Partnership ☐ Other:_____

Are Owners, Officers or Partners to be covered?   Yes   No. If No, Please list owners to be excluded: _____

_____ Are any affiliate companies to be covered?   Yes   No.

Is applicant subject to LPG or TxDOT Regulations?   Yes   No. Within what radius does applicant haul? _____

Does applicant handle, store, or engage in transport of hazardous materials (including but not limited to explosive, caustic, poisonous or flammable materials)?   Yes   No. If Yes, please explain: _____

Please specify commodities hauled: _____

Maximum weight of manual material loaded without assistance: _____

Does applicant perform any outside work at heights over 24 ft?   Yes   No

Does applicant have a formal written safety plan?   Yes   No. Does applicant have a prescreening program?   Yes   No

Does applicant have an employee training program?   Yes   No. Has there been any OSHA violations in the last 3 years?   Yes   No

If Yes, please Explain: _____

Any Aircraft/Watercraft Exposure?   Yes   No If Yes, Please Explain: _____

# of Employees		Classification Code	Annual Payroll by Class (including Tips)	Description
W2	1099			

Current Worker's Comp or Accident Premium $ _____   Current Insurer and SIR: _____

Current Experience Modification Rate: _____ (PROVIDE WORKSHEET)   Waiver of Subrogation?   ☐ Yes ☐ No

Benefits to be Quoted:

EL Limit:_____
($1,000,000-$5,000,000) EL limit available

SIR: _____
($1,000 - $5,000,000 SIR available)

AD&D Limits: _____
($100,000-$250,000 limits available)

Benefit Period: _____
(106 weeks - 260 weeks) Benefit period available

Weekly Income: _____
($600-$1000) benefit avaliable

Please submit 3 years currently valued loss runs.

Agent and Applicant acknowledge that:(a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely on the information provided in this application, and attached data, in considering whether to provide insurance coverage; and (c) this application shall become a material and integral part of the policy and the statements made herein shall be construed as your representations and warranties.

Agent: _____ Phone_____

Agency Name: _____ Agent Email: _____

Address: _____ FAX:_____

Agent Signature: _____ Applicant Signature: _____