

# WORKERS COMPENSATION INSURANCE

This is an editable form. However, you can not save information on this form in a pdf file. Once you complete the form, you are able to print a hard-copy or print to a pdf file. Once you have completed the form, you can submit it by fax or email. Fax: 336-344-7010 Email: bpoland@driespoland.com

Named Insured: \_\_\_\_\_

FEIN # \_\_\_\_\_ (Must have to quote) Agency Name: Dries Poland Insurance

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone#: \_\_\_\_\_ Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Description of business operations: \_\_\_\_\_

Renewal Date: \_\_\_\_\_ Year Business Started \_\_\_\_\_

Type Organization: Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ LLC \_\_\_\_

Prior Carrier: \_\_\_\_\_ Exp. Premium \_\_\_\_\_

Prior Losses (3years) (info needed to get best pricing) (3yearloss runs will be required to bind): \_\_\_\_\_

(If this is a new venture or no prior coverage, we need to know how many years' experience owners has owning and operating this type of business

If Location Address is different from mailing address please complete:

(Street, city zip) \_\_\_\_\_

Employers Liability Limits \_\_\_\_\_

(1)Class Codes (if not known give description of job performed) \_\_\_\_\_

Payrolls \_\_\_\_\_

(2)Class Class Codes (if not known give description of job performed) \_\_\_\_\_

Payrolls \_\_\_\_\_

(3)Class Codes (if not known give description of job performed) \_\_\_\_\_

Payrolls \_\_\_\_\_

Experience mod: \_\_\_\_\_

Officers to Be Included \_\_\_\_ Excluded \_\_\_\_ Please provide Percentage of Ownership for each officer

Please provide Officers names and duties of all \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**By completing and submitting this form you agree that no coverage is bound and no policy is in effect until you are contacted by one of our representatives. All information submitted is held in the strictest confidence and is only gathered for the purposes of providing you an insurance quote. To provide the most accurate quote possible please complete all areas that apply. To provide accurate quotes, Dries Poland Insurance needs to share your information with our insurance carrier partners. By submitting this form, you agree that we will share your company's information with our partners, and you agree to be contacted by the insurance carrier if you purchase an insurance policy.**

EXPLAIN ALL "YES" RESPONSES	Y / N
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 PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, AND BRIDGE OVER WATER?	
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
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)	
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9. ANY GROUP TRANSPORTATION PROVIDED?	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
11. ANY SEASONAL EMPLOYEES?	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?	
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	

EXPLAIN ALL "YES" RESPONSES	Y / N
17. ANY OTHER INSURANCE WITH THIS INSURER?	
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees:	
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	
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).	

What is the insured's radius of operations \_\_\_\_\_?

Does insured do any roofing? \_\_\_\_\_

What is the Max height insured will work \_\_\_\_\_?

If this is a new venture, provide prior years experience in this type of operation (including who they worked for and how many years)