



PLEASE PROVIDE COMPLETE INFORMATION

Company Name: _____ FEIN: _____
 DBA: _____ Date Business Started: ____ / ____ / ____
 Email: _____ Type of Entity: Sole Prop ___ S-Corp ___ LLC ___ Other ___
 Address: _____ # of Locations: _____
 City/State/Zip: _____
 Owner: _____ Phone: _____ Cell: _____
 Primary Contact: _____ Phone: _____ Cell: _____
 Current Payroll Method: In House ___ PEO ___ Payroll Only ___ Current Provider: _____
 Pay Frequency: Weekly (52) ___ Bi-Weekly (26) ___ Semi-Monthly (24) ___ Monthly (12) ___

Detailed Description of Operations:

Payroll Information

Employees		Workers' Comp Code	Description	Payroll
Full-Time	Part-Time			
				\$
				\$
				\$
				\$
				\$
Total Employees:			Total Annual Payroll:	\$

Workers' Compensation Questionnaire (Required)

1. Do employees travel out of the state and/or country?.....Yes ___ No ___
 2. Has the company and its owners/officers met all financial obligations to insurers for workers' comp premium and/or employee leasing/PEO agreements?..... Yes ___ No ___
 3. Do any employees predominately work from home?..... Yes ___ No ___
 4. Has any prior workers' comp coverage been declined, cancelled or non-renewed?..... Yes ___ No ___
 5. Are you required to have "A" rated workers' compensation coverage?..... Yes ___ No ___
 6. Is any work performed outside the state of Florida? If so, where?..... Yes ___ No ___

Supplemental Questionnaire

7. Are waivers of subrogation needed?..... Yes ___ No ___
 8. Exact maximum height worked:..... Feet
 9. Provide how work is performed at heights..... Scaffolding ___ Lifts ___ Ladders ___ Other ___ N/A ___
 10. Percentage of operations subcontracted:..... % Type of work subcontracted: _____
 11. Certificates for subcontractors kept on file?..... Yes ___ No ___
 12. Depth of work performed underground:..... Feet
 13. Is trenching or boring performed?..... Yes ___ No ___
 14. Do you have company vehicles? If yes, please provide a list..... Yes ___ No ___
 15. How many employees ride together (i.e. in the same vehicle) at the same time?..... How many? ___ N/A ___
 16. Radius of travel:..... Miles
 17. How often are MVR's checked?..... Annually ___ Quarterly ___
 18. Please provide a list of all machinery owned.....
 19. Percentage of work:..... Commercial ___ % Residential ___ %..... Interior ___ % Exterior ___ %
 20. Please provide a list of all chemical and hazardous material exposures.....
 21. Please select if work performed on: Barges ___ Vessels ___ Bridges ___ N/A ___
 22. Do you use aircraft/watercraft within your scope of work?..... Yes ___ No ___
 23. Is an early/light duty program in operation?..... Yes ___ No ___
 24. Do you provide 24-hour services?..... Yes ___ No ___



PLEASE PROVIDE COMPLETE INFORMATION

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 Address: _____
 City/State/Zip: _____

IN THE TABLE BELOW, PLEASE LIST INJURIES AND INCURRED COST FROM THE LAST 36 MONTHS.

Claim Year	Name of Injured Employee	Claim Amount (\$)	Open / Closed	Description of Injury

*Please attach loss runs if available. Write "NONE" if there have been no losses.

I, _____ (Owner Name), do hereby certify and swear
 that (i) _____ (Company Name) or (ii) all
 predecessors-in-interest or (iii) any other business entities with common majority ownership or common control,
 have incurred _____ injuries within the last _____ months.

EXPLANATION OF LOSSES

Authorized Client Representative Signature

Date

Print Name & Title

Any person who knowingly and with intent to injure, defraud, or deceive an insurer file, statement of claim, or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage or conceal information pertinent to the computation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.