



Occupational Accident Application – All Risks

DATE OF APPLICATION: _____ REQUESTED EFFECTIVE DATE: _____

ACCOUNT IDENTIFICATION

Legal Name: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Telephone: _____ FAX: _____
Email Address: _____

AGENT IDENTIFICATION

Agency Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ E-mail: _____
Telephone: _____ FAX: _____

CONTRATOR INFORMATION & COMMODITIES HAULED

Number of Qualified Independent Contractors: _____
Industry Focus: _____
Number of Sub-Contractors (if applicable): _____

List all commodities hauled by percent of total for the year:

_____ % _____ %
_____ % _____ %

Does the Account haul?: [] Hazardous/Waste Material [] Logging [] Explosives [] Flammables [] Refuse
[] Radioactive Cargo

Type of equipment by percentage:

VAN _____% REFRIGERATED _____% FLATBED _____% TANKER _____% DUMP _____%
DOUBLE TRAILERS _____% OVERSIZE/OVERWEIGHT _____% OTHER _____% Details of Other

List all services provided by percent of total for the year:

HOME CARE SERVICES _____% OFFICE RELATED SERVICES _____% TECHNOLOGY _____%
LANDSCAPE _____% COURIER / DELIVERY _____% CONSULTING _____% OIL / GAS _____%
PROFESSIONAL SERVICES _____% OTHER _____%



CONTRACTOR DISTRIBUTION: Give total number of Independent Contractors and Sub-Contractors by state of residence for the current policy year

Alabama _____ Arizona _____ Arkansas _____ California _____ Colorado _____
 Connecticut _____ Delaware _____ Dist of Col _____ Florida _____ Georgia _____ Idaho _____
 _____ Illinois _____ Indiana _____ Iowa _____ Kansas _____ Kentucky _____ Louisiana _____
 Maine _____ Maryland _____ Massachusetts _____ Michigan _____ Minnesota _____
 Mississippi _____ Missouri _____ Montana _____ Nebraska _____ Nevada _____
 _____ New Hampshire _____ New Jersey _____ New Mexico _____ New York _____
 _____ North Carolina _____ North Dakota _____ Ohio _____ Oklahoma _____
 Oregon _____ Pennsylvania _____ Rhode Island _____ South Carolina _____ South
 Dakota _____ Tennessee _____ Texas _____ Utah _____
 Vermont _____ Virginia _____ Washington _____ West Virginia _____
 _____ Wisconsin _____ Wyoming _____

TOTAL Independent Contractors: _____

MASTER CONTRACTOR INFORMATION:

Master Contracting Company ID#: _____

Master Contractors FEIN#: _____

What is the minimum IC age: _____ years What is maximum IC age: _____ years

INSURANCE PROGRAM INFORMATION (IF APPLICABLE)

Do you currently have an Occupational Accident program for your independent contractors?

Yes _____ No _____

Who is the current carrier: _____

What is the current rate per IC per month: _____

What is the Anniversary Date: _____

Please provide 5 years of currently valued loss information in the grid provided below, and attach loss runs:

Policy Term	Carrier	Type of Coverage	Rate	Losses	Premium	# of Drivers



Has the account ever had an Occupational Disease, Cumulative Trauma or Contingent Liability type claim? YES [] NO []

If Yes, please explain:

Has the Account been informed, and acknowledges:

1. Occupational Accident coverage is not Workers' Compensation Insurance:

YES [] NO []

2. Occupational Accident coverage does not eliminate the Applicant's responsibility to provide Workers' Compensation if required by applicable state law.

YES [] NO []

3. It is the Accounts responsibility for collecting premiums from the Independent Contractors and submitting them to this insurer or its duly authorized agent.

YES [] NO []

4. The Account and the Agent understands this form is submitted for underwriting consideration and does not bind any Agent, Carrier, or Administrator to coverage.

YES [] NO []

5. Coverage can be approved and made effective only in writing from the Administrator.

YES [] NO []

ACKNOWLEDGEMENT OF INFORMATION:

SIGNATURE:

CLIENT NAME:

DATE:
