|  |  |
| --- | --- |
|  **WORKERS COMPENSATION APPLICATION** | DATE (MM/DD/YYYY)      |
| AGENCY      | COMPANY**Global Aerospace, Inc.** | UNDERWRITER      |
| APPLICANT NAME      |
| **MAILING ADRESS (including ZIP +4)**  |  | **E-MAIL ADDRESS** |
| PHONE(A/C, No, Ext):       | YRS IN BUS      | SIC      | NAICS      | **[ ]**  | INDIVIDUAL | **[ ]**  | CORPORATION | **[ ]**  | **LLC** |
| FAX(A/C, No):       | **[ ]**  | PARTNERSHIP | **[ ]**  | SUBCHAPTER "S" CORP |  |
| E-MAILADDRESS:       | CREDITBUREAU NAME:       | ID NUMBER:       |
| CODE:       SUB CODE:       |
| AGENCY CUSTOMER ID      | FEDERAL EMPLOYER ID NUMBER      | NCCI ID NUMBER       | OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER      |

**STATUS OF SUBMISSION BILLING/AUDIT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | QUOTE [ ]  ISSUE POLICY  | **BILLING PLAN** | **PAYMENT PLAN** | **AUDIT** |
| **[ ]**  | BOUND (Give date and/or attach copy)  | [ ]   | AGENCY BILL | [ ]   | ANNUAL | [ ]  |  | **[ ]**  | AT EXPIRATION  | **[ ]**  | MONTHLY |
| **[ ]**  | ASSIGNED RISK (Attach ACORD 133) | [ ]   | DIRECT BILL | [ ]   | SEMI-ANNUAL | [ ]  | SEMI-ANNUAL |
|  |  |  | [ ]   | QUARTERLY | %DOWN:       | [ ]  | QUARTERLY |

**LOCATIONS**

|  |  |
| --- | --- |
| **LOC #** | **STREET, CITY, COUNTY, STATE, ZIP CODE** |
|  |  |
|  |  |
|  |  |

**POLICY INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROPOSED EFF DATE      | PROPOSED EXP DATE      | NORMAL ANNIVERSARY RATING DATE      | [ ]  | PARTICIPATING | RETRO PLAN      |
| [ ]  | NON-PARTICIPATING |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PART 1 - WORKERS PART 2 - EMPLOYER’S LIABILITYCOMPENSATION (States)      | PART 2 - EMPLOYER’S LIABILITY | PART 3 - OTHER STATES INS       | DEDUCTIBLES | AMOUNT %      | OTHER COVERAGES |
| $       EACH ACCIDENT | [ ]  | MEDICAL | [ ]  | U.S.L. & H | [ ]  | MANAGED CARE OPTION |
| $       DISEASE-POLICY LIMIT | [ ]  | INDEMNITY | [ ]  | VOLUNTARYCOMP |  |
| $       DISEASE-EACH EMPLOYEE |  |  | [ ]  | FOREIGN COV |  |
| DIVIDEND PLAN/SAFETY GROUP      | ADDITIONAL COMPANY INFORMATION      |

**RATING INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STATE | LOC # | CLASS CODE | DESCRCODE | CATEGORIES, DUTIES, CLASSIFICATIONS | # EMPLOYEES | ESTIMATED ANNUAL REMUNERATION | RATE | ESTIMATEDANNUAL PREMIUM |
|  |  |  |  |  | FULL TIME  | PART TIME |  |  |  |
|    |       |       |       |       |       |       |       |       | $       |
|    |       |       |       |       |       |       |       |       | $       |
|    |       |       |       |       |       |       |       |       | $       |
|    |       |       |       |       |       |       |       |       | $       |
|    |       |       |       |       |       |       |       |       | $       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| STATE:  | FACTOR | FACTORED PREMIUM |  | FACTOR | FACTORED PREMIUM | SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS      |
| TOTAL |       | $       | EXPENSE CONSTANT | N/A | $       |
| INCREASED LIMITS |       | $       | TAXES / ASSESMENTS | N/A | $       |
| DEDUCTIBLE |       | $       |  |  | $       |
|  |       | $       | ESTIMATED ANNUAL PREMIUM | N/A | $       |
| EXPERIENCE OR MERITMODIFICATION |       | $       |  |
| LOSS CONSTANT | N/A | $       |
| ASSIGNED RISK SURCHARGE |       | $       |
| ARAP |       | $       |
|  |       | $       |
| SCHEDULE RATING |       | $       |
| CCPAP |       | $       | TOTAL EST ANNUAL PREMIUM | N/A | $       |
| STANDARD PREMIUM |       | $       | MINIMUM PREMIUM | $       |
| PREMIUM DISCOUNT |       | $       | DEPOSIT PREMIUM | $       |

INDIVIDUALS INCLUDED/EXCLUDED

|  |
| --- |
| PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.) |
| STATE | LOC # | NAME | DATE OF BIRTH | TITLE/ RELATIONSHIP | OWNER­SHIP % | DUTIES | INC/EXC  | CLASS CODE | REMUNERATION |
|    |       |       |       |       |       |       |       |       |       |
|    |       |       |       |       |       |       |       |       |       |
|    |       |       |       |       |       |       |       |       |       |
|    |       |       |       |       |       |       |       |       |       |
|    |       |       |       |       |       |       |       |       |       |

PRIOR CARRIER INFORMATION/LOSS HISTORY

|  |  |  |
| --- | --- | --- |
| PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS | [ ]  | LOSS RUN ATTACHED |
| YEAR | CARRIER & POLICY NUMBER | ANNUAL PREMIUM | MOD | # CLAIMS | AMOUNT PAID | RESERVE |
|      | CO:       | $       |       |       | $       |       |
| POL # :       |
|      | CO:       | $       |       |       | $       |       |
| POL # :       |
|      | CO:       | $       |       |       | $       |       |
| POL # :       |
|      | CO:       | $       |       |       | $       |       |
| POL # :       |
|      | CO:       | $       |       |       | $       |       |
| POL # :       |

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

|  |
| --- |
| GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING-- RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT. CONTRACTOR-- TYPE OF WORK, SUB-CONTRACTS. MERCANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES. SERVICE--TYPE, LOCATION. FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.  |
|       |

GENERAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EXPLAIN ALL "YES" RESPONSES** | **YES** | **NO** | **EXPLAIN ALL "YES" RESPONSES** | **YES** | **NO** |
| 1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?  | [ ]  | [ ]  | 18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)? NOT APPLICABLE IN MO | [ ]  | [ ]  |
| 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) | [ ]  | [ ]  | 19. ARE EMPLOYEE HEALTH PLANS PROVIDED?  | [ ]  | [ ]  |
| 20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?  | [ ]  | [ ]  |
| 3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?  | [ ]  | [ ]  | 21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | [ ]  | [ ]  |
| 4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?  | [ ]  | [ ]  | 22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? | [ ]  | [ ]  |
| 5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?  | [ ]  | [ ]  | 23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?  | [ ]  | [ ]  |
| 6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)  | [ ]  | [ ]  | 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).  | [ ]  | [ ]  |
| 7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?  | [ ]  | [ ]  |
| 8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?  | [ ]  | [ ]  | **CONTACT INFORMATION** |
| 9. ANY GROUP TRANSPORTATION PROVIDED?  | [ ]  | [ ]  | **IN­ SPECTION** | PHONE:       |
| 10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?  | [ ]  | [ ]  | NAME:       |
| 11. ANY SEASONAL EMPLOYEES?  | [ ]  | [ ]  | E-MAIL:       |
| 12. IS THERE ANY VOLUNTEER OR DONATED LABOR?  | [ ]  | [ ]  | **ACCTNG RECORD** | PHONE:       |
| 13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?  | [ ]  | [ ]  | NAME:       |
| 14. DO EMPLOYEES TRAVEL OUT OF STATE?  | [ ]  | [ ]  | E-MAIL:       |
| 15. ARE ATHLETIC TEAMS SPONSORED?  | [ ]  | [ ]  | **CLAIMS INFO** | PHONE:       |
| 16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?  | [ ]  | [ ]  | NAME:       |
| 17. ANY OTHER INSURANCE WITH THIS INSURER?  | [ ]  | [ ]  | E-MAIL:       |
| APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COM­ PENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.  |
| ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CON­ CERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied) |
| **REMARKS (Attach additional sheets if more space is required)**      |
| APPLICANT’S SIGNATURE | DATE      | PRODUCER’S SIGNATURE | NATIONAL PRODUCER NUMBER      |