



Sterling
HR Solutions
1-866-935-6442
Date _____

* Please submit ASAP – We honor 1st in submissions – No BOR accepted

Applicant Company Information

Legal Company Name _____ DBA _____
 Business Phone # _____ Alternate # _____ Fax # _____
 Physical Address _____ City,State,Zip _____ County _____
 Mail Address _____ City,State,Zip _____ County _____
 Email _____ Company Type _____
 Person/s Interviewed _____ Position/s _____

Principals

Name	Excluded?	% Ownership	Title	Duties	Class Code	Annual Salary

* Attached valid W/C exemption certificate, if applicable

Hours of Operation _____ UTC # _____ FEIN # _____

Is this the correct legal name for the FEIN provided? Yes _____ No _____

Are there any other entities using this FEIN? Yes _____ No _____

Years in business _____ If less than 1 year, how much prior experience in this line of work? _____

Number of Locations _____ Identify any other location by name and address in remarks section, if applicable.

* Attach separate application/s for each FEIN

Are there any other entities already on our service? Yes _____ No _____

If so, what are their location numbers? _____

Rating Information

State	Class Code	Categories/Duties	Est. Annual Payroll	# Employees	Manual Rates	Est. Annual Premium
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
Total			\$			\$

Provide a detailed description below, including an emphasis on each of the standard exception employees, of the business operations, driving operations, and/or products, which correlate to the class codes above. (e.g. Manufacturing-raw materials, processes, equipment/machinery driving operations; Contractor-type of work, use of subcontractors, equipment, driving operations; Mercantile-merchandise sold, retail/wholesale/both, deliveries, service work driving operations; Service Industry- type; Farm-type, size animals, machinery, driving operation; etc.) Attach additional pages if necessary.

Remarks

Prior Carrier Information & Loss History

Provide Information for the past 3 years starting with the current year.

Any prior coverage declined/cancelled/non-renewed in the past 3 years? Yes _____ No _____

If yes, why and how are the distributed?

Policy Year	Carrier/Name	Policy #	Annual Premium	Modifier	# Claim	Total Incurred	Loss Ration

Give a detailed description of all claims over \$25,000. It should include year, claimant, cause, status, and prognosis. Attach additional pages if necessary.

* New Business – Owner(s) resume in lieu of loss runs

Attached legible carrier loss runs for the last 3 years, current DEC page if with a private W/C carrier or most recent billing page if with payroll company and if 11 or more employees, copies of the completed OSHA 300 logs.

<i>Explain all "yes" responses in the remarks section below.</i>	Yes	No	N/A
Are physicals required after offers of employment are made?			
Are Motor Vehicle Records (MNR's) checked?			
Do you conduct drug and alcohol testing?	If, Describe process below		
Do you have a post accident drug testing program?	If, Describe process below		
Is the workforce staff employees?	Avg. length of employment _____ % Turnover _____ Ratio: (sup) _____ / (emp) _____		
Do you use volunteer or donated labor?	Explain in what capacity		
Do you employ part time(PT) or seasonal or migrant employees?	% PT _____ % Seasonal _____ % Migrant _____		
Any employees under 16 or over 60 years of age?	# under 16 _____ # over 60 _____		
Do you have any employees with physical handicaps?			
Do you lease employees to or from other employees?			
Are subcontractors used?	% _____ Avg. _____ if, Describe work performed below		
Do you sponsor an athletic team in which employees participate?			
Do you have company vehicles?	Provide # and type of vehicles		
Do any employees work off premises?	% working off premises _____		

Remarks(Attach additional pages if necessary)			
<i>Explain all "yes" responses in the remarks section below.</i>	Yes	No	N/A
Do any employees predominantly work from home?			
Do employees travel out of state?			
Do employees travel out of the country?			
Any group transportation provided?			
Do you have employees using their own vehicles for work purposes?	% _____		
Does the company own, operate or lease aircraft/watercraft?			
Any work performed underground or above 15 feet? Describe situations below.	% above 15' _____ Max Height _____ Max Depth _____		
Any work performed on barges, vessels, docks, bridge over water?			
Do/have past, recent or discontinued operations involve(d) storing, treating, discharging, applying, disposing or transporting hazardous material/waste? (e.g. landfills, fuel tanks, etc.)			
Any other insurance with this insurer?	Please list: _____		
Any employee health plans provided?			
Any work sublet without certificates of insurance?			
Any subcontractor without documented workers' compensation coverage?	How many? _____		
Any subcontractors on exemption forms?	Describe work performed.		
Any prior coverage declined/cancelled/non-renewed (last 3 years). If so, how are they distributed?			
Is there labor interchange with any other business/subsidiary?	Describe them.		
Any tax liens or bankruptcy within the last 5 years?	Describe status.		
Any undisputed and unpaid workers' compensation premium due from you or any commonly managed or owned enterprise? If so, explain entity name(s) and policy number(s)			
Are you engaged in any other type of business not yet specified?	Describe.		
Remarks (attach additional pages if necessary)			

Signatures

Prospect/Client Company Questionnaire is attached. Yes _____ No _____

Supplement Safety Questionnaire is attached (for trucking, restaurant, contractor) Yes _____ No _____ N/A _____

I do hereby attest the information provided is true and correct to the best of my knowledge.

Name of Applicant

Name of Representative

Signature

Signature

Date

Date

Please include the following:

- 3-5 year – currently valued loss runs (reports must be produced within 90 days for quote). For new business, a resume from owner(s) in lieu of loss runs.
- Company Narrative – a brief “biography” describing daily operations (1 or 2 paragraphs)
- Information (Declaration) Page(s) from existing policy. Please include payroll by class code – estimated for upcoming policy year.
- Acord 125 and 130 – include General Liability documentation if needed
- Experience Modifier Report. (if available)
- Latest unemployment report from State: i.e. EDD Quarterly Report.

Submit to underwriting@insurancegroup.com