

RELMARK

PROGRAM MANAGERS

961 POTTSTOWN PIKE
CHESTER SPRINGS, PA 19425

Phone: 800-874-5880
Fax: 610-321-1011

www.relmark.net

Workers' Compensation Supplemental Application

(This form must be submitted with the information listed below)

Company Name: _____ Effective Date: _____

FEIN#: _____ State: _____

SIC Code: _____

Thank you for your submission on the above account.

In addition to this supplemental application, please provide the following additional information:

- Completed ACORD 130 (Work Comp) application (All sections completed)
- 5 years of loss runs valued with 90 days of effective date
- Additional information on any claim over \$25,000
- Current Experience Modification Factor Sheet
- Number of Employees per class code

Does the Applicant perform work at heights greater than 15 feet? Yes No

If yes: Does the Applicant perform work at heights greater than 25 feet? Yes No

If new Venture, does the applicant have a minimum of 5 years experience in a similar operation? (If yes, please provide a current resume of owner.) Yes No

Does the Applicant utilize personal fall protection equipment/systems or have a formal fall protection plan that complies with OSHA Standards? Yes No

Have any of the applicant's employees or supervisors completed the OSHA 10 or 30 hour Construction Industry Training course or have the employees been trained to recognize and minimize fall hazards? Yes No

Does the Applicant perform work at depths greater than 3 feet? Yes No

If yes: Does the applicant perform work at depths greater than 6 feet? (Greater than 10 feet if foundation or swimming pool work?) Yes No

Does the applicant supply or furnish any workers to others on a permanent or temporary basis? Temporary or alternate staffing or PEO? Yes No

Has the applicant been insured for Workers' Compensation for at least 2 years prior to the inception date of this policy? Yes No

Has the applicant's WC coverage been cancelled in the past year for underwriting reasons? (Not applicable in MO) Yes No

Has the applicant's WC coverage been cancelled in the past year for premium payment reasons? (Not applicable in MO) Yes No

Is the employer currently insured through a State Fund? Yes No

Does the insured provide Employee Health Plans? Yes No

Does the applicant or employees travel for business purposes, outside the U.S.? Yes No

If Yes: 1. Number of employees traveling outside of the U.S. per year? _____

2. Number of days worked per employee outside of the U.S. per year? _____

3. Choose Repatriation Limit: 5,000 10,000 15,000 20,000 25,000

Does the applicant have established hiring practices including physicals, drug screening, application, reference checks? Yes No

Does the Insured have any exposure to the following major hazards: War, Cumulative Trauma, Nuclear Incidents, Asbestos, Explosives Manufacturing or Underground Mining? Yes No

Has the applicant's average turnover rate exceeded 25% over the past 3 years? Yes No

Is the applicant in the contracting business? Yes No

Does the insured use subcontractors? Yes No

If yes, what percentage of their work is subcontracted? _____ %

What type of work is subcontracted? _____

Are certificates of Workers' Compensation insurance maintained for all work performed by sublet labor? Yes No

Please confirm that certificates of insurance are maintained for all sub-contractors. Yes No

Does the applicant deliver prepared food? Yes No

Is the insured eligible for Merit Rating? Yes No

Has the insured provided certification to the use of an acceptable Preferred Provider, Managed Care or Designated Medical provider? Yes No

Does the applicant's operation involve check cashing or labor unions? Yes No

Does the applicant's operation involve homes for the aged, dude ranches, fraternities or sororities? Yes No

Does the applicant's operation include beer gardens, taverns, or does the sale of alcohol exceed 25% of receipts? Yes No

Characterize the care and condition of the insured's premises: Below Average
 Average
 Above Average

If Above Average, please explain: _____

Characterize the insured's selection, training, and supervision of employees:

- Below Average
- Average
- Above Average

Please explain: _____

Characterize management's cooperation in providing resources to reduce frequency and severity of loss:

- Below Average
- Average
- Above Average

Please explain: _____

Insured's Company Name: _____

Signature of Officer: _____ Title: _____ Date: _____

Producer: _____ Date: _____

Email Address: _____