



WORKERS COMPENSATION SUPPLEMENTAL APPLICATION

Company Name:			
Address:			
Contact Name:			
Email Address:			
Phone Number:		Federal Employer ID Number:	
Years in Biz:			

General Information

Current number of employees	Full Time:	Part Time:	Seasonal:
Do any employees travel out of their state of domicile?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Where:
Do any employees predominantly work at home?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Are written employment applications required?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Are driving records for employees checked?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Have you had any claims in the last three years	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
If yes were any of the claims greater than \$25,000?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Do you offer Group Health?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Group Health Insurer:
Retirement/Pension Plan	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

Payroll/Commission and Premium History

Payroll 2015	Premium 2015
Payroll 2014	Premium 2014
Payroll 2013	Premium 2013

2016-2017 Payroll/Commission Projections (Not Including Commission for Excluded Officers)

Address	City	State	Job Category*	# of Employees	Annual Payroll/Commission*

**Common Job Categories include: Clerical (8810), Sales (8742) and Internet/Computer Programming (8859). If officers are included for coverage in California, their payroll can be capped at a maximum of \$117,000.*

2016-2017 Officer Information

State	Name	Title	Percentage of Ownership	Included/Excluded*

** Applicable to California - Executive Officers must be included for coverage in CA unless the company is a "closed" corporation. Partners and Sole Proprietors may elect to be excluded.*