

Corporate Risk Services, LLC
 5502 Walsh Lane, Ste 103
 Rogers, AR 72758
 (479) 271-7475 FAX: (479) 271-7141

GROUP
 SELF-INSURED RENEWAL
 APPLICATION FOR EXCESS
 WORKERS' COMPENSATION
 COVERAGE

Policy No.: _____ Effective Date: _____ To Be Quoted By: _____

1. Name of Applicant: _____
2. Address: _____

3. Federal Employers Identification Number: _____
4. Fund Administrator Information:
 Name: _____
 Address: _____

 Phone Number: _____
5. Description of operations: _____

6. Describe any changes in the insured's operations or exposures that have occurred or that are planned:

7. Total number of employees: _____
8. Complete the attached Concentration spreadsheet:

LOCATION / ADDRESS	STATE	ZIP CODE	TOTAL NUMBER EMPLOYEES IN ALL SHIFTS	TOTAL NUMBER EMPLOYEES IN MAX SHIFT	TOTAL PAYROLL

9. Does applicant own, lease, or charter aircraft? *(If yes, Aircraft Questionnaire must be completed.)* Yes No
10. Complete the following information on owned or leased vehicles:
 - a. Number of: passenger cars _____ trucks _____ tractors _____
 - b. States in which vehicles operate: _____
11. Does the applicant use any nanotechnology in their operations or research? Yes No
 If so, please explain: _____

12. Does the applicant outsource or utilize contract staffing for any job function(s)? Yes No
 If yes, describe both the functions performed and total number of individuals involved: _____

Does the staffing company provide workers' compensation coverage? Yes No
 What measures are taken to confirm that the staffing company is providing workers' compensation coverage? _____

11. Service Company: _____

 Claims Contact: _____
 Phone Number: _____

12. Give the following information regarding each state or jurisdiction:
(If more space is needed please attach separate excel spreadsheet)

STATE	W.C. CODE	CLASSIFICATION	NO. OF EMPLOYEES	GROSS PAYROLL	MANUAL RATE	MANUAL PREMIUM

13. Historical Summary (attach loss runs or complete section):

STATE	POLICY PERIOD	GROSS PAYROLL	LOSSES			CLAIM COUNTS				VALUATION DATE
			PAID	RESERVED	TOTAL INCURRED	OPEN	CLOSED	CLOSED NO-PAY	TOTAL	

Individual claims in excess of \$50,000 (past 5 years):

14.

STATE	DATE OF LOSS	DESCRIPTION OF ACCIDENT	TOTAL PAID	TOTAL RESERVE	TOTAL INCURRED	VALUATION DATE

Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Louisiana Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Other States Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Date

Applicant's Signature

Title

Print Applicant's Name

Print Applicant's Title