

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

INDIVIDUAL  
SELF-INSURANCE  
APPLICATION FOR EXCESS  
WORKERS' COMPENSATION  
COVERAGE

New Application Effective Date: \_\_\_\_\_

Renewal of Policy Number: \_\_\_\_\_ To Be Quoted By: \_\_\_\_\_

1. Name of Applicant (as shown on self-insurance permit): \_\_\_\_\_

2. Address: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Applicant Phone Number: \_\_\_\_\_

4. CFO: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

5. Federal Employers Identification Number: \_\_\_\_\_

6. Describe operations to be covered; subsidiaries to be covered if any. (Attach copy of current and comprehensive engineering inspection reports, annual report, or 10k report and products brochure.)  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe any substantial or unusual changes in operations that are planned or have taken place in the past five years:  
\_\_\_\_\_  
\_\_\_\_\_

8. Date qualified as a self-insured: \_\_\_\_\_

9. States to be self-insured: \_\_\_\_\_

10. Are there other states or jurisdictions included for self-insurance that would not be covered by the insurance requested by this application?  Yes  No

If yes, list: \_\_\_\_\_

11. Do any employees receive supplemental benefits in addition to workers' compensation benefits?  Yes  No

12. Provide details of any OSHA or State OSHA violation within the past 5 years: \_\_\_\_\_

13. Does the applicant have any employees who may be subject to the Longshoremen and Harbor Workers Act, Jones Act or Federal Employee's Liability Act? (Unless endorsed, our policy does NOT include federal acts coverage.)  Yes  No

If yes, describe: \_\_\_\_\_

14. Do the operations of the applicant include volunteer or donated labor?  Yes  No

If yes, describe: \_\_\_\_\_

15. Does applicant have any foreign operations or employees who travel to foreign countries?  Yes  No  
 If yes, describe: \_\_\_\_\_
16. 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? \_\_\_\_\_
17. Does the applicant use any nanotechnology in their operations or research?  Yes  No  
 If so, please explain: \_\_\_\_\_
- 
18. Is applicant engaged in the manufacture, production, refining, storage, distribution, or transportation of gases, gasoline or flammables?  Yes  No  
 If yes, describe: \_\_\_\_\_
19. Are there any occupational disease exposures involved in the applicant's operations? (asbestos; silica; dusts; toxic, injurious or hazardous chemicals; caustics, fumes, radiation, communicable diseases and any other O.D. exposures) If yes, describe steps taken to control:  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Does applicant perform any underground, subaqueous, or tunneling operations?  Yes  No  
 If yes, describe: \_\_\_\_\_
21. Do the operations of the applicant include wrecking or demolition of structures?  Yes  No  
 If yes, describe: \_\_\_\_\_
22. Do the operations of the applicant involve exposure to heights?  Yes  No  
 If yes, describe: \_\_\_\_\_
23. Does applicant now (or have future plans to) own, lease or charter watercraft?  Yes  No  
 If yes, describe watercraft, use, number of crew members, passenger capacity and whether craft is owned, leased, or chartered. \_\_\_\_\_
- 
24. Does applicant own, lease, or charter aircraft? *(If yes, Aircraft Questionnaire must be completed.)*  Yes  No
25. Complete the following information on owned or leased vehicles:
- a. Number of: passenger cars \_\_\_\_\_ trucks \_\_\_\_\_ tractors \_\_\_\_\_
- b. Number of commercial vehicles owned by: applicant \_\_\_\_\_ owner-operator \_\_\_\_\_
- c. Is applicant responsible for W.C. coverage on owner-operators?  Yes  No  
 If no, does applicant obtain certificate of W.C. insurance from such operators?  Yes  No
- d. With respect to commercial vehicles:
1. States in which vehicles operate: \_\_\_\_\_
2. Average number of persons in each unit: \_\_\_\_\_
3. Does applicant transport chemicals, hazardous materials, explosives, explosive material, flammable material, or any petroleum products?  Yes  No  
 If yes, provide full details: \_\_\_\_\_
- 
-

26 Does applicant provide any transportation for employees to or from the workplace?  Yes  No  
 If yes, describe the type of conveyance, frequency of trips and number of employees  
 (total number and number per conveyance involved): \_\_\_\_\_

27 Policy Coverages and Limits.

Current Carrier: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Present Program:

| SPECIFIC EXCESS LIMIT | EMPLOYERS LIABILITY LIMIT | SELF-INSURED RETENTION | RATE | AGGREGATE EXCESS LIMIT | AGGREGATE LOSS FUND % | CURRENT ESTIMATED LOSS FUND | MINIMUM TERM LOSS FUND |
|-----------------------|---------------------------|------------------------|------|------------------------|-----------------------|-----------------------------|------------------------|
|                       |                           |                        |      |                        |                       |                             |                        |

Coverage Desired:

| SPECIFIC EXCESS LIMIT | EMPLOYERS LIABILITY LIMIT | SELF-INSURED RETENTION | AGGREGATE EXCESS LIMIT | AGGREGATE LOSS FUND % |
|-----------------------|---------------------------|------------------------|------------------------|-----------------------|
|                       |                           |                        |                        |                       |

28 Gross Payroll Distribution by Classification Code.

a. Projected payroll. Provide the following information regarding each state or jurisdiction:  
 (If more space is needed, use a separate page.)

**Please Note:** Prospective and historical payrolls and worker hours are required for the state of Washington.  
 Both capped and uncapped payrolls are required for the state of Nevada.

|         |           | POLICY PERIOD: |                  |           |           |           |           |           |
|---------|-----------|----------------|------------------|-----------|-----------|-----------|-----------|-----------|
| STATE   | W.C. CODE | CLASSIFICATION | PROSPECTIVE YEAR | 1st PRIOR | 2nd PRIOR | 3rd PRIOR | 4th PRIOR | 5th PRIOR |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
|         |           |                |                  |           |           |           |           |           |
| Totals: |           |                |                  |           |           |           |           |           |

b. Is there any significant change to the payroll distribution by classification code in the last five years?  Yes  No

c. If yes, describe reason for change(s): \_\_\_\_\_





- b. Are claims handled to conclusion? If no, give details.  Yes  No
- 
- c. What is normal length of service contract? \_\_\_\_\_
- d. Does applicant agree to let the excess carrier know about any changes in the service company or in the kind or amount of services to be performed by the service company?  Yes  No
- e. Do you have an alternative duty return to work program in place for all departments?  Yes  No
- f. Do you provide in-house medical attention for first aid injuries?  Yes  No
- g. If so, who provides the treatment?  \_\_\_\_\_
- h. Do you have a process in place in which all injuries are internally investigated and reported to your claim servicing company within 24 hours?  Yes  No
- i. Do you conduct regular or quarterly claim reviews with your claim servicing company?  Yes  No
- j. Check the following managed care programs that apply to your program:
- PPO  contracted pricing  other \_\_\_\_\_
- fee scheduling  nurse case management

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