

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

Large Deductible
 Workers' Compensation
 Application

Effective Date: _____

To Be Quoted By: _____

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

3. Federal Employers Identification Number (FEIN): _____
4. Applicant's Phone Number: _____
5. CFO: _____ Phone: _____
 E-Mail: _____
 Main Contact: _____ Phone: _____
 E-Mail: _____
6. Complete Description of All Operations: _____

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

8. Other Named Insureds (include FEIN's when applicable): *(If more space is needed, use a separate page.)*

9. Number of years in a Loss-Sensitive Program (large deductible, retro, or self-insured - please specify): _____
10. Name of the TPA(s) currently servicing this account: _____
11. Original date business incorporated: _____
12. List all States applying for Large Deductible coverage (Please Note: We are unable to provide coverage for monopolistic states and U.S. territorial possessions.) _____

13. Policy Coverages and Limits:

Current Carrier: _____

PRESENT Program:

TYPE OF COVERAGE	EMPLOYERS LIABILITY LIMITS	DEDUCTIBLE / SIR AMOUNT	AGGREGATE RETENTION

Coverage DESIRED:

TYPE OF COVERAGE	EMPLOYERS LIABILITY LIMITS	DEDUCTIBLE AMOUNT	AGGREGATE RETENTION
Large Deductible			

14. List Partners, Officers, Owners:

Name	SSN / DOB	Title	Ownership %	Duties	Incl/Excl

15. Do any employees receive supplemental benefits in addition to workers' compensation benefits? Yes No
16. Provide details of any OSHA or State OSHA violation within the past 5 years: _____
-
17. Does the applicant have any employees who may be subject to the Longshoremen and Harbor Workers Act? (Unless endorsed, our policy does not include this coverage.) Yes No
 If yes, describe: _____
18. Do the operations of the applicant include volunteer or donated labor? Yes No
 If yes, describe: _____
19. Does applicant have any foreign operations or employees who travel to foreign countries? Yes No
 If yes, describe: _____
20. 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?

21. Does the applicant use any nanotechnology in their operations or research? Yes No
 If so, please explain: _____
-
22. Is applicant engaged in the manufacture, production, refining, storage, distribution, or transportation of gases, gasoline or flammables? Yes No
 If yes, describe: _____
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23. 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

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24. Does applicant perform any underground, sub aqueous, or tunneling operations? Yes No
 If yes, describe: _____
25. Do the operations of the applicant include wrecking or demolition of structures? Yes No
 If yes, describe: _____
26. Do the operations of the applicant involve exposure to heights? Yes No
 If yes, describe: _____
27. 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. _____
-
28. Does applicant own, lease or charter aircraft? (If yes, Aircraft Questionnaire must be completed.) Yes No
29. 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 _____

30. 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: _____

31. Total number of employees at *all locations to be covered under this Large Deductible policy*: _____

32. Provide the following information for each covered location. *(If more space is needed, use a separate page.)*

LOCATION / ADDRESS	STATE	ZIP CODE	TOTAL # EMPLOYEES ASSIGNED TO LOCATION	MAX # EMPLOYEES IN ANY ONE SHIFT	FEIN	PHONE NUMBER

33. Prospective payroll distribution by class, *by location*: (Nevada payroll is needed in *capped* amounts.)
(If more space is needed, use a separate page.)

LOCATION	W.C. CLASS CODE	CLASSIFICATION DESCRIPTION	ESTIMATED ANNUAL PAYROLL

34. Historical payrolls, by class, by state:
(If more space is needed, use a separate page.)

		POLICY PERIOD:					
STATE	W.C. CODE	CLASSIFICATION	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): _____

37. Will there be any captive-type, loss reimbursement policy that will be used in conjunction with MECC's Large Deductible Policy? Yes No
38. Large Deductible quote review requires 3 years of audited financials (including, but not limited to: income statement, profit & loss summary, balance sheet, statement of cash flow, and footnotes). Are 3 years of audited financials included with this submission? Yes No
- If no, please explain: _____
-

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.*

Washington *It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.*

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 a false or deceptive statement is guilty of insurance fraud.*

Date

Applicant's Signature

Title

Print Applicant's Name

Print Applicant's Title