



The Insurancenter
www.carwashinsurance.com

2901 Arizona Avenue • Joplin, MO 64804
(417) 623-7500 • (800) 444-8675 • Fax (417) 626-2923
cwspecialists@carwashinsurance.com

Workers' Compensation Applicant Information

Named Insured _____

Mailing Address _____
Street City State Zip

Individual Partnership Corporation Other Years in business _____

Federal Tax ID # _____ Effective Date of Coverage _____

Employers Liability Limits: \$500,000/\$500,000/\$500,000 Indicate change if needed _____

Locations

	<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip Code</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Description of Operations

Full Service Self Service Exterior Only Lube & Oil Gas
 Retail Store Hours of Operation _____ to _____ Open 24 Hours

Rating Information

Class Code	Categories, Duties, Classification	Number of Employees	Annual Payroll	Rate	Estimated Annual Premium
_____	Car Wash:	_____	_____	_____	_____
_____	Clerical:	_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____

Experience Modification Factor _____
Attach verification (i.e. experience modification worksheet or copy of current work comp policy)

Normal Anniversary Date _____
Explain, under "Remarks", if different from Effective Date)

Ownership Information: Partners, officers, relatives to be included/excluded. Payroll to be included must be part of rating information section. Use separate sheet if necessary.

Name	Age	Title/ Relationship	Ownership %	Duties	Include/ Exclude	Payroll
1.						
2.						
3.						
4.						

Provide Insurance Company Loss Runs for the past 3 years and use the remarks section for loss details. Previous Insurance Company Loss Information is required prior to binding.

Previous Insurance Information

Policy Period From	To	Company	Policy Number	Annual Premium	Exp. Mod.	# of Claims	Amount Paid	Reserve	Total

General Information: Please provide all the required details for "Yes" responses by using the remarks area below. Use a separate sheet if necessary.

- | | |
|--|--|
| <p>1. Does applicant own, operate or lease aircraft/watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Any work performed underground or above 15 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Any work performed on barges, vessels, docks, bridge over water? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Is applicant engaged in any other type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are sub-contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Any work sublet without certificates of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Is a formal safety program in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Any group transportation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Any employees under 16 or over 60 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>11. Any part-time or seasonal employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Is there any volunteer or donated labor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Any employees with physical handicaps? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Do employees travel out of state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Are athletic teams sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Are physicals required after offers of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Any other insurance with this insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Any prior coverage declined/canceled/non-renewed (last 3 years)? Not applicable in Missouri <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Are employee health plans provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Is there a labor interchange with any other business or subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Do you lease employees to or from other employers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do any employees predominately work at home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|--|

Remarks: _____

Contact Name _____ Email Address _____
 Telephone # _____ Fax # _____

Applicant Signature _____ Title _____ Date _____