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FAX								-		ASSOCIATION									
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	ART 1 - V			PART 2 - EMPLO	YER'S LIABILI	TY			PART 3 - OTHER			DEDUCTIBLES (N / A in WI)			AMOU		OTHER COVER	AGES	
CON	IPENSA1	HON (S	otates)	\$	I	EACH A	CCIDENT		SIAIL	ES INS			MEDICAL		(N / /	A in WI)	U.S.L. & H	MANAGED CARE OPTION	
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SPE	CIFY AD	DITION	IAL COV	ERAGES / ENDOR	SEMENTS (At	tach AC	ORD 101, A	dditiona	I Remar	ks Schedu	le, if more	spac	e is required)						
TO	TAL E	STIN	IATED	ANNUAL PE	REMIUM -	ALL S	STATES												
тот	AL ESTII	MATE	ANNUA	AL PREMIUM ALL	STATES		TOTAL MIN	IMUM PREMIUM ALL STATES TOTAL DEPOSIT PREMIUM ALL ST								EMIUM ALL STA	TES		
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				ers in California n				I. Labor	Code §§	3351 and 3			(
STATE	LOC #	#		NAME	DAT	E OF BI	RTH R	TITLE ELATION	TITLE/ OWNER- SHIP %		DUTIES					INC/EX	C CLASS COD	E REMUNERATION/PAYROLL	
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DATE (MM/DD/YYYY)

STATE	RATING SI	HEET#	OF		SHEETS	į	AGENC	CUSTO	OMER ID:	:				
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				N AD	DITIONAL PAGE 2	OF THIS	FORM							
	IG INFORM		STATE:			# EMP	LOYEES			ESTIN	MATED ANNUA	L		ESTIMATED
LOC#	CLASS CODE	DESCR CODE	CATEGOR	IES, DUT	IES, CLASSIFICATIONS	FULL TIME	PART TIME	SIC	NAICS		MUNERATION/ PAYROLL		RATE	ANNUAL MANUAL PREMIUM
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ACOR	D 130 CA (20	19/01)				Page 2 o	f Δ							

AGENCY CUSTOMER ID:

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE IN	FORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION		LOSS RUN ATTACHED			
YEAR	CARRIER & POLICY NUMBER	-	AMOUNT PAID	RESERVE		
	CO:					
	POL#:					
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NATURE	OF BUCINESS	/ DESCRIPTION OF	ODEDATIONS
NAIURE	OF BUSINESS	/ DESCRIPTION OF	OPERATIONS

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS
GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

GENERAL INFORMATION

EXI	PLAIN ALL "YES" RESPONSES	Y/N
1.	DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
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)	
3.	ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4.	ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
5.	IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6.	ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
7.	ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	
8.	IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9.	ANY GROUP TRANSPORTATION PROVIDED?	
10.	ANY SEASONAL EMPLOYEES?	
11.	IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	
12.	DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
13.	ARE ATHLETIC TEAMS SPONSORED?	
14.	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	
15.	ANY OTHER INSURANCE WITH THIS INSURER?	
16.	ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS?	

EXPLAIN ALL "YES" RESPONSES 17. ARE EMPLOYEE HEALTH PLANS PROVIDED?	Y/N
17. ARE EMPLOYEE HEALTH PLANS PROVIDED?	
	1
18. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	
19. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
20. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees:	
21. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	
22. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	
SIGNATURE	<u>'</u>
Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)	
PERSONAL INFORMATION MAY BE COLLECTED FROM PERSONS OTHER THAN THE INDIVIDUAL OR INDIVIDUALS PROPOSED FOR COVERAGE. INFORMATION AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED BY THE INSURANCE INSTITUTI AGENT MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT AUTHORIZATION. A RIGHT OF ACCESS AND CORRECXISTS WITH RESPECT TO ALL PERSONAL INFORMATION COLLECTED. UPON REQUEST, A MORE DETAILED NOTICE OF YOUR RIGHTS AN PRACTICES REGARDING PERSONAL INFORMATION WILL BE FURNISHED.	ON OR CTION
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):	
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTA ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF KNOWLEDGE. APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner) DATE PRODUCER'S SIGNATURE NATIONAL PRODUCER	IS/HER