

General Applicant Information	Producer
Named Insured and Subsidiaries (hereinafter also referred to as "Appli-	cant"):
Insured's Name:	
Address:	
City: Zip:	
	Policy effective date:
	nal Employer Organizations (P.E.O.s) or lease employees to or from other
Does the applicant have known USL&H exposure? Yes No	
If so, what?	
	each location (if additional locations are applicable attach separate sheet):
Location Address	Total Number of Employees
Note: Please provide an explanation for any locations ha	iving 'O' employees.
If applicant's EL limits requested are greater than \$500k/500k/500k pla	page provide the reason:
If applicant's EL limits requested are greater than \$500k/500k/500k ple	ase provide the reason.
Describe any work done by employees over 15' in height:	
Do the employees do any fiberglass work? Yes No Does the applicant do any work on commercial vessels? Yes If so, please explain the type of work being done on vessels:	No
Safety & Loss Control	
Does applicant have a written safety/ procedures policy for each job?	Yes No
Describe ongoing loss control activities:	
Any OSHA violations in the last 5 years: Yes No	
What is their Injury & Illness Protection Plan (IIPP) and/or safety progra	am?
Describe the applicant's hiring practices:	
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Are physicals and drug screenings performed on all newly appointed en	mployees? Yes No
Recreation Marine Workers' Comp www.One80Ir	ntermediaries.com Page 1 of 2

Safety & Loss Control (continued)

Describe physical and drug screening policies for existing employees:

Does applicant have a formal return to modified and/or light duty program? State Act Workers' Compensation Coverage		
**Attach Copy of Most Current Experience Modification Worksheet		
Explain details of all claims in excess of \$25,000 (provide separate attachmer	nt, if necessary).	
**Attach a copy of Five (5) Years Hard Copy Loss Runs, (Valued within the la	st three Months)	

List names and addresses of all Add/Insureds/ Alternate Employers requiring certificates, with written contract:

Conditions of Insurance

The undersigned officer of the Applicant, being authorized to execute this Application on behalf of the Applicant, and having made due inquiry (including but not limited to inquiry of the legal department and the risk management department of the Applicant) represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not obligate insurers to quote or bind coverage, but it is agreed that this form and all written statements or materials furnished to insurers with this application are hereby incorporated by reference into this application and shall be the basis of the contract should a policy be issued, and will be attached to and form part of the policies to be issued. It is understood that the Applicant is under a continuing obligation to immediately notify insurers of any material alteration to the nature, extent or size of the Applicant's operation as described herein and that the Applicant may be charged additional premium upon the Underwriter's acceptance of any additional exposures and/or increased risk.

Producer's Signature

Date

Applicant's Signature

Date