

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)

NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNERSHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION

PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
	CO: POL #:						
	CO: POL #:						
	CO: POL #:						
	CO: POL #:						
	CO: POL #:						
	CO: POL #:						

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

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?				15. ARE ATHLETIC TEAMS SPONSORED?			
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)				16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?			
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?				17. ANY OTHER INSURANCE WITH THIS INSURER?			
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?				18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)?			
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?				19. ARE EMPLOYEE HEALTH PLANS PROVIDED?			
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)				20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?			
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?				21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
8. IS A FORMAL SAFETY PROGRAM IN OPERATION?				22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?			
9. ANY GROUP TRANSPORTATION PROVIDED?				CONTACT INFORMATION			
10. ANY EMPLOYEES UNDER 18 OR OVER 60 YEARS OF AGE?				IN- SPECTION	PHONE:		
11. ANY SEASONAL EMPLOYEES?				ACCTNG RECORD	NAME:		
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?				CLAIMS INFO	PHONE:		
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?					NAME:		
14. DO EMPLOYEES TRAVEL OUT OF STATE?							

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL HERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES.

REMARKS

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

FORM 130 (10/96)

