

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 08/13/2010.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 130 FL (2002/07)	FLORIDA WORKERS COMPENSATION APPLICATION	<p>The title of the form. The ACORD130 FL, Florida Workers Compensation Application, is a Commercial Lines application that is self-contained, that is, it does not require the completion of the Applicant Information Section (ACORD 125). As a result, the entire Identification section should be completed.</p> <p>The generic Workers Compensation Application, ACORD 130, cannot be used in Florida.</p> <p>The Florida Workers Compensation Application provides for Workers Compensation, Employer's Liability, and Voluntary Compensation coverages.</p> <p>The Policy Information and Rating Information sections follow the Workers Compensation rules as published by the National Council on Compensation Insurance (NCCI). Other plans may be used with this form as well. Please refer to the NCCI manual for coverage definitions.</p>
IDENTIFICATION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION	Producer	Enter text: The full name of the producer/agency.
IDENTIFICATION	Address 1	Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION	Address 2	Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION	City	Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION	State	Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION	Zip	Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION	Phone Number	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION	Fax Number	Enter number: The fax number of the producer/agency.
IDENTIFICATION	License #	Enter identifier: The State License Number of the producer.
IDENTIFICATION	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION	Company	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION	Underwriter	Enter text: The company underwriter (or other company staff person) that this form should be directed to.
IDENTIFICATION	Applicant Name	Enter text: The named insured(s) as it/they will appear on the policy declarations page. As used here, include all subsidiaries and DBA's to be included in coverage, along with their FEIN.
IDENTIFICATION	Mailing Address	Enter text: The named insured's mailing address line one.
IDENTIFICATION	City	Enter text: The named insured's mailing address city name.
IDENTIFICATION	State	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION	Zip	Enter code: The named insured's mailing address postal code.
IDENTIFICATION	Check Box- Additional Locations	Check the box (if applicable): Indicates the attachment of a list of additional locations.
IDENTIFICATION	Years in Business	Enter number: The number of years the insured has been in business.
IDENTIFICATION	SIC Code	Enter code: The Standard Industry Classification code assigned to the business activity (if known). This is the code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.
IDENTIFICATION	Form of Business Organization - Individual	Check the box (if applicable): Indicates the legal entity code for the named insured is "Individual".
IDENTIFICATION	Partnership	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
IDENTIFICATION	Corporation	Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".
IDENTIFICATION	Subchapter "S" Corp	Check the box (if applicable): Indicates the legal entity code for the named insured is "Subchapter S Corporation".
IDENTIFICATION	Other	Check the box (if applicable): Indicates the legal entity code for the named insured is not listed on the form.
IDENTIFICATION	Other Description	Enter text: The description of the legal entity if not listed on the form.
IDENTIFICATION	Federal Employer ID Number	Enter identifier: The tax identifier of the named insured.

Section Name	Field Name	Field and/or Section Description
SIC	NCCI I.D. Number	Enter identifier: The nine-digit number assigned to the insured by the National Council on Compensation Insurance (NCCI). This number is required in most states before a policy can be issued. It also helps insure timely and accurate calculation of experience modifications. The NCCI is a rating bureau operating in most states that also provides interstate experience rating for risks occurring in more than one state.
SIC	Other Rating Bureau I.D. Number	Enter identifier: The state's rating bureau may assign a separate identification number if the applicant is subject to experience rating in an independent bureau state. In Minnesota, use this box to record the insured's unemployment account number, as required by the state. In New Jersey, use this box to record the insured's state employer registration number.
STATUS OF SUBMISSION	Quote	Check the box (if applicable): Indicates the response expected from the company is a quote.
STATUS OF SUBMISSION	Issue Policy	Check the box (if applicable): Indicates the response expected from the company is an issued policy.
BILLING/AUDIT INFORMATION	Billing Plan - Agency Bill	Check the box (if applicable): Indicates if the policy is to be producer/agency billed.
BILLING/AUDIT INFORMATION	Direct Bill	Check the box (if applicable): Indicates if the policy is to be direct billed.
BILLING/AUDIT INFORMATION	Payment Plan - Annual	Check the box (if applicable): Indicates the policy will be paid annually.
BILLING/AUDIT INFORMATION	Semi- Annual	Check the box (if applicable): Indicates the policy will be paid semi-annually.
BILLING/AUDIT INFORMATION	Quarterly	Check the box (if applicable): Indicates the policy will be paid quarterly.
BILLING/AUDIT INFORMATION	Prem Financed	Check the box (if applicable): Indicates the premium has been financed.
BILLING/AUDIT INFORMATION	Other	Check the box (if applicable): Indicates the policy will be paid in a frequency other than those listed.
BILLING/AUDIT INFORMATION	Other Description	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
BILLING/AUDIT INFORMATION	% Down	Enter percentage: The percentage of the total estimated annual premium that has been (or will be) received as a down payment for bound policies.
BILLING/AUDIT INFORMATION	Audit Record - At Expiration	Check the box (if applicable): Indicates audits should be performed for this policy at expiration.

Section Name	Field Name	Field and/or Section Description
BILLING/AUDIT INFORMATION	Semi- Annual	Check the box (if applicable): Indicates audits should be performed for this policy semi-annually.
BILLING/AUDIT INFORMATION	Quarterly	Check the box (if applicable): Indicates audits should be performed for this policy quarterly.
BILLING/AUDIT INFORMATION	Monthly	Check the box (if applicable): Indicates audits should be performed for this policy monthly.
BILLING/AUDIT INFORMATION	Other	Check the box (if applicable): Indicates audits should be performed for this policy at a frequency other than those listed.
BILLING/AUDIT INFORMATION	Other Description	Enter code: The audit term for policies that are subject to periodic audit. If the audit period is known, enter the code; A - annual, S - semi-annual, Q - Quarterly, M - Monthly, O - Other.
LOCATIONS	Number (#)	Enter number: The producer assigned number of the location.
LOCATIONS	Street, City, County, State, Zip Code	Enter text: The first address line of the physical location.
LOCATIONS	City	Enter text: The city of the physical location.
LOCATIONS	County	Enter text: The county of the location.
LOCATIONS	State	Enter code: The state or province of the physical location.
LOCATIONS	Zip	Enter code: The postal code of the physical location.
LOCATIONS	Number (#)	Enter number: The producer assigned number of the location.
LOCATIONS	Street, City, County, State, Zip Code	Enter text: The first address line of the physical location.
LOCATIONS	City	Enter text: The city of the physical location.
LOCATIONS	County	Enter text: The county of the location.
LOCATIONS	State	Enter code: The state or province of the physical location.
LOCATIONS	Zip	Enter code: The postal code of the physical location.
LOCATIONS	Number (#)	Enter number: The producer assigned number of the location.
LOCATIONS	Street, City, County, State, Zip Code	Enter text: The first address line of the physical location.
LOCATIONS	City	Enter text: The city of the physical location.
LOCATIONS	County	Enter text: The county of the location.
LOCATIONS	State	Enter code: The state or province of the physical location.
LOCATIONS	Zip	Enter code: The postal code of the physical location.
POLICY INFORMATION	Proposed Eff. Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
POLICY INFORMATION	Proposed Exp. Date	Enter date: The date on which the terms and conditions of the policy will expire.

Section Name	Field Name	Field and/or Section Description
POLICY INFORMATION	Normal Anniversary Rating Date	Enter date: The rates used are normally in effect on the effective date of the policy. NCCI Manual rules require that the rates apply for a period of one year. If a policy is cancelled or short-termed, the rating bureau requires the original effective date to be considered the Normal Anniversary Rating Date for both rates and experience modifications. This is temporary and will last until the next renewal when the new policy effective date will again determine the rates. The rule is intended to prevent wholesale cancellations by insureds and companies to take advantage of rate and/or rule changes. For cancelled or short-termed policies, enter the original effective date.
POLICY INFORMATION	Participating	Check the box (if applicable): Indicates the policy is a participating policy. A Participating policy may result in reduced premiums through the payment of policyholder dividends declared by the insurer. Some policyholder dividends are based on actual experience of the applicant. If such a program is available through the company in the covered state, indicate whether the policy is to be on a Participating or Non-Participating basis. Check with your company on the availability of plans.
POLICY INFORMATION	Non-Participating	Check the box (if applicable): Indicates the policy is a non-participating policy.
POLICY INFORMATION	Retro Plan	Enter text: The retrospective rating plan that permits the adjustment of the final premium based on the actual premiums and losses of the applicant, subject to the plan's minimum and maximum premium limits. One to three year plans may be available. Check with your company on the availability of plans.
POLICY INFORMATION	Part 1 (States)	Enter code: A state in which Part 1 will apply. Part 1 refers to the workers' compensation law and/or occupational disease law in states where the insured has operations.
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POLICY INFORMATION		Enter code: A state in which Part 1 will apply. Part 1 refers to the workers' compensation law and/or occupational disease law in states where the insured has operations.
POLICY INFORMATION	Part 2 - Employers Liability \$ EA Accident	Enter limit: The workers compensation and employers liability policy, employers liability each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
POLICY INFORMATION	\$ Disease- Policy Limit	Enter limit: The workers compensation and employers liability policy, employers liability disease policy limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
POLICY INFORMATION	\$ Disease- Each Employee	Enter limit: The workers compensation and employers liability policy, employers liability disease each employee limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
POLICY INFORMATION	Part 3 - Other States Ins	Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.
POLICY INFORMATION		Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.
POLICY INFORMATION		Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.
POLICY INFORMATION		Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.

Section Name	Field Name	Field and/or Section Description
POLICY INFORMATION		Enter code: A state in which Part 3 will apply. Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy term, but none currently exists as of the effective date of the policy.
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POLICY INFORMATION	Deductibles	Enter amount: The amount of the deductible as a whole dollar amount or as a percentage. For percentages indicate the percentage amount followed by the percent (%) sign.
POLICY INFORMATION	Coinsurance Limit	Enter amount: The Coinsurance Limit amount for benefits due to an employee for an injury compensable under this policy.
POLICY INFORMATION	Other Coverages - U.S.L & H.	Check the box (if applicable): Indicates United States Longshoremen's & Harbor Worker's (USL&H) coverage is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages/Endorsements section.
POLICY INFORMATION	Voluntary Compensation	Check the box (if applicable): Indicates Voluntary Compensation coverage is requested. Exposures for this optional coverages as well as additional coverages should be described in the Specify Additional Coverages/Endorsements section.
POLICY INFORMATION	Other Check Box	Check the box (if applicable): Indicates other coverages than those listed are being requested.
POLICY INFORMATION	Other Description	Enter text: The description of the coverage being requested.
POLICY INFORMATION	Dividend Plan or Safety Group	Enter text: The specific plan or safety group of which the insured is a member. This field is related to the participating plan. Check with your company on the availability of plans.
POLICY INFORMATION	Additional Company and State Information	Enter text: The additional company or state specific information should be listed in this section.

Section Name	Field Name	Field and/or Section Description
RATING INFORMATION	Check Here If List Of Additional Class Codes Attached	Check the box (if applicable): Indicates the attachment of a list of additional rating classes.
RATING INFORMATION	Location Number	Enter number: The producer assigned number of the location.
RATING INFORMATION	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
RATING INFORMATION	Company Use	Enter text: This area is to be completed by the insurer.
RATING INFORMATION	Categories, Duties, Classifications	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
RATING INFORMATION	No. of Employees	Enter number: The number of employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.
RATING INFORMATION	Actual Remuneration Past 12 Months	Enter amount: The actual remuneration of the employee class for the past 12 months.
RATING INFORMATION	Estimated Remuneration for Next Policy Period	Enter amount: The estimated remuneration of the employee class for the coming policy period.
RATING INFORMATION	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
RATING INFORMATION	Estimated Annual Premium	Enter amount: The estimated manual premium amount for the classification.
RATING INFORMATION	Location Number	Enter number: The producer assigned number of the location.
RATING INFORMATION	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
RATING INFORMATION	Company Use	Enter text: This area is to be completed by the insurer.
RATING INFORMATION	Categories, Duties, Classifications	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
RATING INFORMATION	No. of Employees	Enter number: The number of employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.

Section Name	Field Name	Field and/or Section Description
RATING INFORMATION	Actual Remuneration Past 12 Months	Enter amount: The actual remuneration of the employee class for the past 12 months.
RATING INFORMATION	Estimated Remuneration for Next Policy Period	Enter amount: The estimated remuneration of the employee class for the coming policy period.
RATING INFORMATION	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
RATING INFORMATION	Estimated Annual Premium	Enter amount: The estimated manual premium amount for the classification.
RATING INFORMATION	Location Number	Enter number: The producer assigned number of the location.
RATING INFORMATION	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Council on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
RATING INFORMATION	Company Use	Enter text: This area is to be completed by the insurer.
RATING INFORMATION	Categories, Duties, Classifications	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
RATING INFORMATION	No. of Employees	Enter number: The number of employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.
RATING INFORMATION	Actual Remuneration Past 12 Months	Enter amount: The actual remuneration of the employee class for the past 12 months.
RATING INFORMATION	Estimated Remuneration for Next Policy Period	Enter amount: The estimated remuneration of the employee class for the coming policy period.
RATING INFORMATION	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
RATING INFORMATION	Estimated Annual Premium	Enter amount: The estimated manual premium amount for the classification.
RATING INFORMATION	Location Number	Enter number: The producer assigned number of the location.
RATING INFORMATION	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Council on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
RATING INFORMATION	Company Use	Enter text: This area is to be completed by the insurer.

Section Name	Field Name	Field and/or Section Description
RATING INFORMATION	Categories, Duties, Classifications	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
RATING INFORMATION	No. of Employees	Enter number: The number of employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.
RATING INFORMATION	Actual Remuneration Past 12 Months	Enter amount: The actual remuneration of the employee class for the past 12 months.
RATING INFORMATION	Estimated Remuneration for Next Policy Period	Enter amount: The estimated remuneration of the employee class for the coming policy period.
RATING INFORMATION	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
RATING INFORMATION	Estimated Annual Premium	Enter amount: The estimated manual premium amount for the classification.
RATING INFORMATION	Location Number	Enter number: The producer assigned number of the location.
RATING INFORMATION	Class Code	Enter code: The Rating Classification Code is a six-digit alpha-numeric code obtained from the National Counsel on Compensation Insurance (NCCI) Workers Compensation and Employers' Liability Insurance Manual. Only suffixes specifically shown on rate pages may be used.
RATING INFORMATION	Company Use	Enter text: This area is to be completed by the insurer.
RATING INFORMATION	Categories, Duties, Classifications	Enter text: The descriptions of activities and operations. One class code may include several descriptions. It is extremely important to enter the specific classification description or, at least, a brief statement regarding the duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
RATING INFORMATION	No. of Employees	Enter number: The number of employees to whom the classification applies. The average number is sufficient when the total number fluctuates during the year. Underwriters use this number to determine if the payroll estimates appear adequate.
RATING INFORMATION	Actual Remuneration Past 12 Months	Enter amount: The actual remuneration of the employee class for the past 12 months.
RATING INFORMATION	Estimated Remuneration for Next Policy Period	Enter amount: The estimated remuneration of the employee class for the coming policy period.
RATING INFORMATION	Rate	Enter rate: The manual rate for the classification from the appropriate state manual.
RATING INFORMATION	Estimated Annual Premium	Enter amount: The estimated manual premium amount for the classification.
RATING INFORMATION	Specify Additional Coverages/Endorsements	Enter text: Specify any additional coverages and or endorsements that apply.

Section Name	Field Name	Field and/or Section Description
RATING INFORMATION	Field Box	Enter rate: The modification factor for total class premium that is required or applicable.
RATING INFORMATION	\$ Field Box	Enter amount: The total premium amount.
RATING INFORMATION	Field Box	Enter text: The description of optional factors, charges or credits that are required or applicable.
RATING INFORMATION	Field Box	Enter rate: The modification factor for optional factors, charges or credits that are required or applicable.
RATING INFORMATION	\$ Field Box	Enter amount: The modified premium amount.
RATING INFORMATION	Field Box	Enter text: The description of optional factors, charges or credits that are required or applicable.
RATING INFORMATION	Field Box	Enter rate: The modification factor for optional factors, charges or credits that are required or applicable.
RATING INFORMATION	\$ Field Box	Enter amount: The modified premium amount.
RATING INFORMATION	Experience Modification - Field Box	Enter rate: The modification factor if the insured is subject to experience or merit rating. Generally the business has to have been in operation for at least two years under present ownership and the premium must meet or exceed a level which is established by the state to qualify for experience or merit rating. If more than one modification factor applies to the applicant, explain in the Remarks section. Attach the most recent experience or merit rating data sheet.
RATING INFORMATION	\$ Field Box	Enter amount: The modified premium amount.
RATING INFORMATION	Modified Premium - Field Box	Enter rate: The modification factor for modified premium that is required or applicable.
RATING INFORMATION	\$ Field Box	Enter amount: The modified premium amount.
RATING INFORMATION	Premium Discount - Field Box	Enter rate: The modification factor for premium discount. A premium discount may be applicable due to large premium levels.
RATING INFORMATION	\$ Field Box	Enter amount: The modified premium amount.
RATING INFORMATION	Expense Constant - \$ Field Box	Enter amount: The modified premium amount including the flat amount of the expense constant as applicable per the state rating manual.
RATING INFORMATION	Total Estimated Annual Premium - \$ Field Box	Enter amount: The amount resulting from applying all modifications, discounts, taxes and other rating criteria to the estimated pre-modified premium for this state.
RATING INFORMATION	Minimum Premium	Enter amount: The minimum premium amount required by company rules for this state.
RATING INFORMATION	Deposit Premium - \$ Field Box	Enter amount: The amount of deposit required by rules for this state.
INDIVIDUALS INCLUDED/EXCLUDED	Name	Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy.

Section Name	Field Name	Field and/or Section Description
INDIVIDUALS INCLUDED/EXCLUDED	Date of Birth	Enter date: The individual's birth date.
INDIVIDUALS INCLUDED/EXCLUDED	Social Security #	Enter number: Specify the individuals social security number.
INDIVIDUALS INCLUDED/EXCLUDED	Title/Relationship	Enter code: The individual's title within the organization or relationship to the organization's owners.
INDIVIDUALS INCLUDED/EXCLUDED	Ownership %	Enter percentage: The percentage of ownership the individual has in the organization, if applicable.
INDIVIDUALS INCLUDED/EXCLUDED	Duties	Enter text: The brief description of the duties of the individual.
INDIVIDUALS INCLUDED/EXCLUDED	Inc/Exc	Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.
INDIVIDUALS INCLUDED/EXCLUDED	Class Code	Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.
INDIVIDUALS INCLUDED/EXCLUDED	Remuneration	Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws. (Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals).
INDIVIDUALS INCLUDED/EXCLUDED	Name	Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy.
INDIVIDUALS INCLUDED/EXCLUDED	Date of Birth	Enter date: The individual's birth date.
INDIVIDUALS INCLUDED/EXCLUDED	Social Security #	Enter number: Specify the individuals social security number.
INDIVIDUALS INCLUDED/EXCLUDED	Title/Relationship	Enter code: The individual's title within the organization or relationship to the organization's owners.
INDIVIDUALS INCLUDED/EXCLUDED	Ownership %	Enter percentage: The percentage of ownership the individual has in the organization, if applicable.
INDIVIDUALS INCLUDED/EXCLUDED	Duties	Enter text: The brief description of the duties of the individual.
INDIVIDUALS INCLUDED/EXCLUDED	Inc/Exc	Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.
INDIVIDUALS INCLUDED/EXCLUDED	Class Code	Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.

Section Name	Field Name	Field and/or Section Description
INDIVIDUALS INCLUDED/EXCLUDED	Remuneration	Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws. (Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals).
INDIVIDUALS INCLUDED/EXCLUDED	Name	Enter text: The full name of the partner, executive officer or relative being included or excluded by the policy.
INDIVIDUALS INCLUDED/EXCLUDED	Date of Birth	Enter date: The individual's birth date.
INDIVIDUALS INCLUDED/EXCLUDED	Social Security #	Enter number: Specify the individuals social security number.
INDIVIDUALS INCLUDED/EXCLUDED	Title/Relationship	Enter code: The individual's title within the organization or relationship to the organization's owners.
INDIVIDUALS INCLUDED/EXCLUDED	Ownership %	Enter percentage: The percentage of ownership the individual has in the organization, if applicable.
INDIVIDUALS INCLUDED/EXCLUDED	Duties	Enter text: The brief description of the duties of the individual.
INDIVIDUALS INCLUDED/EXCLUDED	Inc/Exc	Enter code: Indicates if the individual is to be Included or Excluded under the policy's coverages.
INDIVIDUALS INCLUDED/EXCLUDED	Class Code	Enter code: The rating classification code that the individual's estimated remuneration was assigned to for included individuals only.
INDIVIDUALS INCLUDED/EXCLUDED	Remuneration	Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws. (Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals).
PRIOR CARRIER INFORMATION/LOSS HISTORY	Loss Run Attached	Check the box (if applicable): Indicates a loss run is attached to this policy.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Year	Enter year: The year the prior coverage policy term became effective.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Carrier	Enter text: The name of the previous insurer.

Section Name	Field Name	Field and/or Section Description
PRIOR CARRIER INFORMATION/LOSS HISTORY	Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Actual Audited Premium	Enter amount: The actual/audited premium charged for the specified line of business.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Mod.	Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.
PRIOR CARRIER INFORMATION/LOSS HISTORY	# Claims	Enter number: The total number of claims for the corresponding policy period.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Reserve	Enter amount: The reserve amount the previous carrier is holding open for this claim.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Year	Enter year: The year the prior coverage policy term became effective.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Carrier	Enter text: The name of the previous insurer.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Actual Audited Premium	Enter amount: The actual/audited premium charged for the specified line of business.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Mod.	Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.
PRIOR CARRIER INFORMATION/LOSS HISTORY	# Claims	Enter number: The total number of claims for the corresponding policy period.

Section Name	Field Name	Field and/or Section Description
PRIOR CARRIER INFORMATION/LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Reserve	Enter amount: The reserve amount the previous carrier is holding open for this claim.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Year	Enter year: The year the prior coverage policy term became effective.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Carrier	Enter text: The name of the previous insurer.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Actual Audited Premium	Enter amount: The actual/audited premium charged for the specified line of business.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Mod.	Enter percentage: The reciprocal of the percentage by which the premium shown differs from the manual.
PRIOR CARRIER INFORMATION/LOSS HISTORY	# Claims	Enter number: The total number of claims for the corresponding policy period.
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PRIOR CARRIER INFORMATION/LOSS HISTORY	# Claims	Enter number: The total number of claims for the corresponding policy period.

Section Name	Field Name	Field and/or Section Description
PRIOR CARRIER INFORMATION/LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
PRIOR CARRIER INFORMATION/LOSS HISTORY	Reserve	Enter amount: The reserve amount the previous carrier is holding open for this claim.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Professional Employer Organization (PEO)/Employee Leasing Company	Check the box (if applicable): Indicate if professional employer organization (PEO)/employee leasing company.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Temporary Employment Service	Check the box (if applicable): Indicate if temporary Employment service.
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	Empty Field Box	Enter text: The text description of the operations of this risk or insured.
EMPLOYEES	Name	Enter text: The full name of the individual employee.
EMPLOYEES	Class Code	Enter text: The class code of the individual employee.
EMPLOYEES	Social Security #	Enter number: Specify the individuals social security number.
EMPLOYEES	Name	Enter text: The full name of the individual employee.
EMPLOYEES	Class Code	Enter text: The class code of the individual employee.
EMPLOYEES	Social Security #	Enter number: Specify the individuals social security number.
EMPLOYEES	Name	Enter text: The full name of the individual employee.
EMPLOYEES	Class Code	Enter text: The class code of the individual employee.
EMPLOYEES	Social Security #	Enter number: Specify the individuals social security number.
EMPLOYEES	Name	Enter text: The full name of the individual employee.
EMPLOYEES	Class Code	Enter text: The class code of the individual employee.
EMPLOYEES	Social Security #	Enter number: Specify the individuals social security number.
EMPLOYEES	Name	Enter text: The full name of the individual employee.
EMPLOYEES	Class Code	Enter text: The class code of the individual employee.
EMPLOYEES	Social Security #	Enter number: Specify the individuals social security number.
GENERAL INFORMATION	Does applicant own, operate or lease aircraft/watercraft?	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant own, operate or lease aircraft or watercraft?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant own, operate or lease aircraft or watercraft?".
GENERAL INFORMATION	Do/have past, present or discontinued operations involved storing, treating, discharging, applying, disposing, or transporting of hazardous material?	Check the box (if applicable): Indicates a "Yes" response to the question, "Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?".
GENERAL INFORMATION	Any work performed underground or above 15 feet?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any work performed underground or above 15 feet?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Any work performed underground or above 15 feet?".
GENERAL INFORMATION	Any work performed on barges, vessels, docks, bridge over water?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is work performed on barges, vessels, docks, bridge over water?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Is work performed on barges, vessels, docks, bridge over water?".
GENERAL INFORMATION	Is applicant engaged in any other type of business?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is applicant engaged in any other type of business?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Is applicant engaged in any other type of business?".
GENERAL INFORMATION	Are sub-contractors and/or independent contractors used?	Check the box (if applicable): Indicates a "Yes" response to the question, "Are subcontractors used?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Are subcontractors used?".
GENERAL INFORMATION	Any work sublet without certificates of ins.?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any work sublet without certificates of insurance?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Any work sublet without certificates of insurance?".
GENERAL INFORMATION	Is a formal safety program in operation?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is a written safety program in operation?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Is a written safety program in operation?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Any group transportation provided?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any group transportation provided?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Any group transportation provided?".
GENERAL INFORMATION	Any employees under 16 or over 60 years of age?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any employees under 16 or over 60 years of age?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Any employees under 16 or over 60 years of age?".
GENERAL INFORMATION	Any part time or seasonal employees?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any seasonal employees?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Any seasonal employees?".
GENERAL INFORMATION	Is there any volunteer or donated labor?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there any volunteer or donated labor?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Is there any volunteer or donated labor?".
GENERAL INFORMATION	Any employees with physical handicaps?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any employees with physical handicaps?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Any employees with physical handicaps?".
GENERAL INFORMATION	Do employees travel out of state?	Check the box (if applicable): Indicates a "Yes" response to the question, "Do employees travel out of state?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Do employees travel out of state?".
GENERAL INFORMATION	Are athletic teams sponsored?	Check the box (if applicable): Indicates a "Yes" response to the question, "Are athletic teams sponsored?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Are athletic teams sponsored?".
GENERAL INFORMATION	Are physicals required after offers of employment are made?	Check the box (if applicable): Indicates a "Yes" response to the question, "Are physicals required after offers of employment are made?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Are physicals required after offers of employment are made?".
GENERAL INFORMATION	Any other insurance with this insurer?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any other insurance with this company?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Any other insurance with this company?".
GENERAL INFORMATION	Any prior coverage declined/cancelled/non-renewed last 3 years?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years (Not applicable in Missouri)?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years (Not applicable in Missouri)?".
GENERAL INFORMATION	Are employee health plans provided?	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there an Employee Health Plan provided?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Is there an Employee Health Plan provided?".
GENERAL INFORMATION	Is there a labor interchange with any other business/subsidiary?	Check the box (if applicable): Indicates a "Yes" response to the question, "Do any employees perform work for other businesses or subsidiaries?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Do any employees perform work for other businesses or subsidiaries?".
GENERAL INFORMATION	Do you lease employees to or from other employers?	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease employees to or from other employers?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Do you lease employees to or from other employers?".
GENERAL INFORMATION	Do any employees predominantly work at home?	Check the box (if applicable): Indicates a "Yes" response to the question, "Do employees predominantly work from home?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Do employees predominantly work from home?".
GENERAL INFORMATION	What are your estimated annual revenues?	Enter amount: Enter the amount of estimated annual revenue.
GENERAL INFORMATION	Is there any current or anticipated debt for unpaid premiums owed to any previous workers' compensation provider?	Check the box (if applicable): Indicates a "Yes" response to the question, "Are you in debt to any insurance company for any unpaid premium for worker's compensation?".
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Are you in debt to any insurance company for any unpaid premium for worker's compensation?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Inspection - Phone	Enter number: The telephone number of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment.
GENERAL INFORMATION	Inspection - Name	Enter text: The name of the person to contact to arrange for a premises inspection. This should be an individual under the insured's employment, not the insurance agent's name and number.
GENERAL INFORMATION	Accounting Records - Phone	Enter number: The telephone number of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent's name and number.
GENERAL INFORMATION	Accounting Records - Name	Enter text: The name of the person to contact for accounting information. This should be an individual under the insured's employment, not the insurance agent.
GENERAL INFORMATION	Claims Information (Phone and Name) - Phone	Enter number: The telephone number of the person the insurer is to contact regarding any potential claims inquiries.
GENERAL INFORMATION	Claims Information (Phone and Name) - Name	Enter text: The full name of the person the insurer is to contact regarding any potential claims inquiries.
GENERAL INFORMATION	Remarks	Enter text: The remarks associated with the Workers Compensation line of business. Attach ACORD 101, Additional Remarks Schedule, if more space is required.
GENERAL INFORMATION	Former Names and Owners	Enter text: For the last five years, list the current business name and any former names or predecessor companies to be covered by the policy. Include the FEIN for each company. For each covered company, list any current owner who has more than 5% ownership interest
GENERAL INFORMATION		Check the box (if applicable): Indicates a "Yes" response to the question, "Does this business or any of the owners of this business, either individually or in combination with other owners of this business, own more than 50% of any other business, which operated at any time during the
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Does this business or any of the owners of this business, either individually or in combination with other owners of this business, own more than 50% of any other business, which operated at any time during the
GENERAL INFORMATION	Does this Business own a Majority Interest in Another Entity, Which in Turn Owns a Majority Interest in Any Entity that Operated at Any Time in the 5 Years Prior to this Application? - Check Box- Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does this business own a majority interest in another entity, which in turn owns a majority interest in any entity that operated at any time in the five years prior to this application?"

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Check Box- No	Check the box (if applicable): Indicates a "No" response to the question, "Does this business own a majority interest in another entity, which in turn owns a majority interest in any entity that operated at any time in the five years prior to this application?".
SIGNATURE SECTION	Identify By Name, Address, And FEIN Each Business Which Is Related By Common Ownership To The Applicant Business.	Enter text: An explanation of the dates each business was in operation, the insurance company that provided workers' compensation insurance, the policy number and the experience modification factor applied to each such policy
SIGNATURE SECTION	Set Forth The Dates Each Business Was In Operation, The Insurance Company That Provided Workers' Compensation Insurance, The Policy Number And The Experience Modification Factor Applied To Each Such Policy	Enter text: An explanation that a policy was written without an experience modification factor.
SIGNATURE SECTION	If The Policy Was Written Without An Experience Modification Factor, Please State.	Enter text: An explanation of name, address, and FEIN for each business which is related by common ownership to the applicant business.
SIGNATURE SECTION	Owner/Officer Signature	Sign here: The signature of the owner or authorized officer.
SIGNATURE SECTION	Date	Enter date: the date the owner or authorized officer signed the form.
SIGNATURE SECTION	Print Name	Enter text: The printed name of the authorized signer.
SIGNATURE SECTION	Notary Public Signature	Sign here: Accommodates the signature of the notary public.
SIGNATURE SECTION	Date	Enter date: The date the notary public signed the form.
SIGNATURE SECTION	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states.
SIGNATURE SECTION	Date	Enter date: The date the producer signed the form.
SIGNATURE SECTION	Notary Public Signature	Sign here: Accommodates the signature of the notary public.
SIGNATURE SECTION	Date	Enter date: The date the notary public signed the form.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).