CALIFORNIA WORKERS COMPENSATION APPLICATION

AGENCY NAME AND ADDRESS

COMPANY:
UNDERWRITER:
APPLICANT NAME:

OFFICE PHONE: MOBILE PHONE:
MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code): YRS IN BUS:

SIC:
NAICS:
WEBSITE:
UNINCORPORATED ASSOCIATION:

PRODUCER NAME: CS REPRESENTATIVE NAME:
OFFICE PHONE (A/C, No, Ext):
AGENCY CUSTOMER ID:
CODE:
SUB CODE:
OTHER:

ADDRESS:
E-MAIL:
FAX (A/C, No):
MOBILE PHONE:

ADDRESS:
E-MAIL ADDRESS:
CREDIT BUREAU NAME:
ID NUMBER:
FEDERAL EMPLOYER ID NUMBER
NCCI RISK ID NUMBER
OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER

STATUS OF SUBMISSION

QUOTE ISSUE POLICY
BOUND (Give date and/or attach copy)
ASSIGNED RISK (Attach ACORD 133)

BILLING / AUDIT INFORMATION

BILLING PLAN PAYMENT PLAN AUDIT
AGENCY BILL ANNUAL AT EXPIRATION
DIRECT BILL SEMI-ANNUAL SEMI-ANNUAL
QUARTERLY QUARTERLY % DOWN:

LOCATIONS

LOC # HIGHEST FLOOR STREET, CITY, COUNTY, STATE, ZIP CODE

POLICY INFORMATION

PROPOSED EFF DATE PROPOSED EXP DATE RATING EFFECTIVE DATE (if applicable) ANNIVERSARY RATING DATE (if applicable) PARTICIPATING NON-PARTICIPATING RETRO PLAN

PART 1 - WORKERS COMPENSATION (States)

PART 2 - EMPLOYER’S LIABILITY

$ EACH ACCIDENT
$ DISEASE-POLICY LIMIT
$ DISEASE-EACH EMPLOYEE

PART 3 - OTHER STATES INS

DEDUCTIBLES
MEDICAL
INDEMNITY

AMOUNT / %
(N / A in WI)

OTHER COVERAGES
U.S.L. & H.
VOLUNTARY COMP
FOREIGN COV

DIVIDEND PLAN/SAFETY GROUP ADDITIONAL COMPANY INFORMATION

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES $ TOTAL MINIMUM PREMIUM ALL STATES $ TOTAL DEPOSIT PREMIUM ALL STATES $

CONTACT INFORMATION

TYPE NAME OFFICE PHONE MOBILE PHONE E-MAIL
INSPECTION ACCTNG RECORD CLAIMS INFO

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OWNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions or waivers in California must meet the requirements of Cal. Labor Code §§3351 and 3352.

STATE LOC # NAME DATE OF BIRTH RELATIONSHIP OWNER-SHIP % DUTIES INC/EXC CLASS CODE REMUNERATION/PAYROLL

ACORD 130 CA (2019/01)

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### STATE RATING WORKSHEET

**FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM**

#### RATING INFORMATION - STATE:

<table>
<thead>
<tr>
<th>LOC #</th>
<th>CLASS CODE</th>
<th>DESCRIPTIVE CODE</th>
<th>CATEGORIES, DUTIES, CLASSIFICATIONS</th>
<th># EMPLOYEES</th>
<th>SIC</th>
<th>NAICS</th>
<th>ESTIMATED ANNUAL REMUNERATION/PAYROLL</th>
<th>RATE</th>
<th>ESTIMATED ANNUAL MANUAL PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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#### PREMIUM

**STATE:**

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>FACTORED PREMIUM</th>
<th>FACTOR</th>
<th>FACTORED PREMIUM</th>
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<tbody>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>INCREASED LIMITS</td>
<td>$</td>
<td>SCHEDULE RATING *</td>
<td>$</td>
</tr>
<tr>
<td>DEDUCTIBLE *</td>
<td>$</td>
<td>CCPAP</td>
<td>$</td>
</tr>
<tr>
<td>EXPERIENCE OR MERIT MODIFICATION</td>
<td>$</td>
<td>STANDARD PREMIUM</td>
<td>$</td>
</tr>
<tr>
<td>TERRORISM</td>
<td>N / A</td>
<td>PREMIUM DISCOUNT</td>
<td>$</td>
</tr>
<tr>
<td>CATASTROPHE</td>
<td>N / A</td>
<td>EXPENSE CONSTANT</td>
<td>N / A</td>
</tr>
<tr>
<td>ASSIGNED RISK SURCHARGE *</td>
<td>$</td>
<td>TAXES / ASSESSMENTS *</td>
<td>N / A</td>
</tr>
<tr>
<td>ARAP *</td>
<td>$</td>
<td>$</td>
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</tbody>
</table>

* N / A in Wisconsin

**TOTAL ESTIMATED ANNUAL PREMIUM**

<table>
<thead>
<tr>
<th>MINIMUM PREMIUM</th>
<th>DEPOSIT PREMIUM</th>
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</tbody>
</table>

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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ACORD 130 CA (2019/01)  Page 2 of 4
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?
### GENERAL INFORMATION (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. ARE EMPLOYEE HEALTH PLANS PROVIDED?</td>
<td></td>
</tr>
<tr>
<td>18. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?</td>
<td></td>
</tr>
<tr>
<td>19. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?</td>
<td></td>
</tr>
<tr>
<td>20. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If &quot;YES&quot;, # of Employees:</td>
<td></td>
</tr>
<tr>
<td>21. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If &quot;YES&quot;, please specify)</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
</tr>
</tbody>
</table>

### SIGNATURE

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