INSURANCE SOLUTIONS WORKERS COMPENSATION QUOTE SHEET

Agency Name____ Named Insured: FEIN #______ (Must have to quote) Address: City: ST ZIP Phone#: Contact Name Email Address_____ Description of business operations: Renewal Date: Year Business Started _____ Type Organization: [] individual [] partnership [] corporation Prior Carrier: _____Exp. Premium____ Prior Losses (3 years) (info needed to get best pricing) (3 yearloss runs will be required to bind):_ (If this is a new venture or no prior coverage, we need to know how many years' experience owners has owning and operating this type of business If Location Address is different from mailing address please complete: (Street, city zip)_____ Employers Liability Limits_____ (1) Class Codes (if not known give description of job performed) ______ Payrolls_____ (2) Class Class Codes (if not known give description of job performed) ______ Payrolls_____ (3) Class Codes (if not known give description of job performed) Payrolls_____ Experience mod: Officers to Be [] Included [] Excluded____ Please provide Officers names and duties of all

| EX | EXPLAIN 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? | | |
| 0. | THE WORLD CHIEF CHOCKE CHIEF CONTROLLED. | | |
| 4 | ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, AND BRIDGE OVER WATER? | | |
| ٦. | THE WORK ENGOINED ON BRIDGES, VEGGES, VEGGES, VIND BRIDGE OVER WITTEN: | | |
| 5 | IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? | | |
| Ο. | TOTAL ENGINEED INVITAL ON ELECTRIC OF BOOMEDO: | | |
| 6 | ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) | | |
| 0. | THE GOD GOTTH TOTAL GOED: (II TEG, 9NG 7001 WORKSGEGOTHERICG) | | |
| 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) | | |
| ٠. | 7.111 WORK COBLET WITHOUT CERTIFICATION TO CERTIFICATION | | |
| ρ | IS A WRITTEN SAFETY PROGRAM IN OPERATION? | | |
| 0. | DAWKITENOA ETTI KOOKAWIN OLEKAION: | | |
| Ω | ANY GROUP TRANSPORTATION PROVIDED? | | |
| Э. | ANT GROOF TRANSPORTATION PROVIDED: | | |
| 10 | . ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE? | | |
| 10 | . ANT EMPLOTEES UNDER 10 OR OVER 60 TEARS OF AGE? | | |
| 11 | . ANY SEASONAL EMPLOYEES? | | |
| 11 | . ANT SEASONAL EINFLOTEES! | | |
| 12 | . IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify) | | |
| 12 | . IS THERE ANT VOLUNTEER OR DONATED LABOR? (IF FES., please specify) | | |
| 12 | . ANY EMPLOYEES WITH PHYSICAL HANDICAPS? | | |
| 13 | . ANT EMPLOTEES WITH PHISICAL HANDICAPS! | | |
| 1 / | . DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency) | | |
| 17 | . Do Livil Lotte to Thave Lott of State: (ii Teo, il micale state(s) of traveral of trequency) | | |
| 15 | . ARE ATHLETIC TEAMS SPONSORED? | | |
| 10 | . THE THEE HOTE HAVE OF CHOCKED: | | |
| 16 | . ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? | | |
| 10 | . AND ITTO CALCULAD AT TER OTTEROOF END COTNERN AND INABE: | | |
| | | | |
| | | | |
| | PLAIN ALL "YES" RESPONSES | Y / N | |
| 17 | . ANY OTHER INSURANCE WITH THIS INSURER? | | |
| | | | |
| 18 | . ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) | | |
| | | | |
| 19 | . ARE EMPLOYEE HEALTH PLANS PROVIDED? | | |
| | | | |
| 20 | . DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES? | | |
| | | | |
| 21 | . DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | |
| | | | |
| 22 | DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: | | |
| | | | |
| 23 | . ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify) | | |
| | | | |
| 24 | . 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). | | |
| | ENTEN MOLO: II TEO, EM EMINITADECODINO ENTITE NAME (O) AND FOLIOT NOINDEN(O). | | |
| | | | |
| | What is the insured's radius of operations? | | |

Does insured do any roofing? _______.

What is the Max height insured will work______.?

If this is a new venture, provide prior years experience in this type of operation (including who they worked for and how many years)