

 ROCKWOOD <i>Member Argo Group</i>		APPLICATION FOR WORKER'S COMPENSATION INSURANCE		DATE
AGENT	PHONE	APPLICANT NAME		
	FAX	MAILING ADDRESS		
		YRS IN BUS	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC	<input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORP <input type="checkbox"/> OTHER:
RCIC AGENT #:		FED ID NUMBER:		RISK ID #:

STATUS OF SUBMISSION
BILLING AND AUDIT INFORMATION

<input type="checkbox"/> QUOTE	<input type="checkbox"/> BILLING PLAN <input type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT	<input type="checkbox"/> PMT PLAN <input type="checkbox"/> 25%/3 <input type="checkbox"/> 25%/6 <input type="checkbox"/> 25%/9 <input type="checkbox"/> OTHER	<input type="checkbox"/> AUDIT <input type="checkbox"/> AT EXPIRATION
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LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1	
2	
3	
4	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE		PROPOSED EXPIRATION DATE		ANNIVERSARY RATING DATE	
WC STATES	EMPLOYER'S LIABILITY		OTHER STATES		<input type="checkbox"/> U.S.L.&H. <input type="checkbox"/> VOLUNTARY COMP <input type="checkbox"/> FOREIGN COVERAGE <input type="checkbox"/> MANAGED CARE OPTION <input type="checkbox"/> PHYSICIAN PANEL
	\$	EACH ACCIDENT			
	\$	DISEASE-POLICY LIMIT			
	\$	DISEASE-EACH EMPLOYEE			
ADDITIONAL COMPANY INFORMATION					

RATING INFORMATION

STATE	LOC	CLASS CODE	DESCRIPTION OF CLASSIFICATION	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
				# FULL TIME	# PART TIME			
ADDITIONAL INFORMATION							FACTOR	PREMIUM
TOTAL								\$
INCREASED LIMITS DEDUCTIBLE								\$
								\$
EXPERIENCE MOD. LOSS CONSTANT								\$
								\$
								\$
PREMIUM DISCOUNT								\$
EXPENSE CONSTANT								\$
TERRORISM								\$
								\$
MIN PREM	\$		DEPOSIT PREM	\$		TOTAL EST ANNUAL		\$

INDIVIDUALS INCLUDED/EXCLUDED

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

PRIOR CARRIER INFORMATION/LOSS HISTORY (HARD COPIES OF LOSS RUNS MUST BE SUBMITTED)

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO: POL#:					
	CO: POL#:					
	CO: POL#:					
	CO: POL#:					
	CO: POL#:					

DETAILED DESCRIPTION OF OPERATIONS

PROVIDE DETAILED DESCRIPTION OF THE NATURE OF BUSINESS AND OPERATION

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE, OR LEASE AIRCRAFT/WATERCRAFT?	<input type="checkbox"/>	<input type="checkbox"/>	17. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	<input type="checkbox"/>	<input type="checkbox"/>
2. DO/HAVE PAST, PRESENT, OR DISCONTINUED OPERATIONS INVOLVE (D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTING OF HAZARDOUS MATERIAL? (E.g. Landfills, Fuel Tanks)	<input type="checkbox"/>	<input type="checkbox"/>	18. ANY OTHER INSURANCE WITH RCIC?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	<input type="checkbox"/>	<input type="checkbox"/>	19. ANY PRIOR COVERAGE CANCELLED/NON-RENEWED IN LAST 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	<input type="checkbox"/>	<input type="checkbox"/>	20. ARE EMPLOYEE HEALTH PLANS PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>	21. DOES APPLICANT PROVIDE MODIFIED RETURN TO WORK?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)	<input type="checkbox"/>	<input type="checkbox"/>	22. IS THERE LABOR INTERCHANGE WITH ANY OTHER BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY WORK SUBLET WITHOUT CERTIFICATE OF INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>	23. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>	24. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?	<input type="checkbox"/>	<input type="checkbox"/>
9. ANY GROUP TRANSPORTATION PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>	25. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	<input type="checkbox"/>	<input type="checkbox"/>	26. ANY UNDISPUTED AND UNPAID WC PREMIUM DUE FROM YOU? IF YES, EXPLAIN INCLUDING POLICY #.	<input type="checkbox"/>	<input type="checkbox"/>
11. ANY SEASONAL EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>	INSPECTION	PHONE #:	
12. DOES THE APPLICANT UTILIZE CASUAL/DAY LABOR?	<input type="checkbox"/>	<input type="checkbox"/>		NAME:	
13. IS THERE ANY VOLUNTEER OR DONATED LABOR?	<input type="checkbox"/>	<input type="checkbox"/>	ACCT RECORDS	PHONE #:	
14. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	<input type="checkbox"/>	<input type="checkbox"/>		NAME:	
15. DO EMPLOYEES TRAVEL OUT OF STATE?	<input type="checkbox"/>	<input type="checkbox"/>	CLAIMS INFO	PHONE #:	
16. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>		NAME:	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME, AND VA. INSURANCE BENEFITS MAY ALSO BE DENIED.)

REMARKS:

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
DATE	DATE

The above signed states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the company of such changes and the Company may modify or withdraw the quote or binder.

Signing this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Rockwood Casualty Insurance Company or any statutory member of Argo Group.

FRAUD STATEMENTS

PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED, PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.

All Other States: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME and VA, insurance benefits may also be denied).

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.