



SMALL USL&H PROGRAM SUPPLEMENTAL APPLICATION

Named Insured: _____
Mailing Address: _____
Year Business Started: _____
Website: _____ FEIN: _____

Please Submit This Application Along With the Acord 125 & WC Application as Well as 5 Year Loss Runs.

APPLICANT EXPERIENCE

Has This Applicant Been in Business for 3 or More Years? Yes No
Has the Applicant Had Continuous WC Coverage Over the Past 3 Years? Yes No
Does the Senior Officer, Partner or Proprietor Have 3 or More Years Experience in This Type of Business? Yes No
Does the Applicant Have Exposure Insured by Any Assigned Risk Plan? Yes No
Is There More Than One Entity? Yes No
If Yes, Please Provide ERM-14 and List Each Named Insured, FEIN and Number of Employees: _____

Has the Applicant Experienced an Increase or Decrease in Payrolls Greater Than 50% Over the Last 3 Years? Yes No
Is the Current or Prospective Experience Mod Greater Than 1.50 or Less Than .60? _____
Is the Applicant in Chapter 11 Bankruptcy Proceedings? Yes No
Has the Applicant Filed for Bankruptcy Within the Last 5 Years? Yes No
Within the Last 3 Years, Has the Applicant's Worker's Compensation Insurance Been Cancelled for Non-payment of Premium? Yes No
Has the Applicant's Workers' Compensation Insurance Ever Been Cancelled for Fraud, Misrepresentation or Failure to Report Claims and/or Compensable Accidents? Yes No

APPLICANT OPERATIONS

Does the Applicant Obtain Proof of Insurance Coverage for Any Employed Subcontractor? Yes No
If There Are No True USL&H Payrolls, is This Risk a Marina or Recreational Boatyard? Yes No
Does the Applicant Operate in More Than 5 States? Yes No
Does the Applicant Require Coverage in Any States Not Listed in 3A? Yes No
If Yes, Please List Those State and Provide a Brief Description of Operations. If coverage for "All States, Except Monopolistic" is Required, Provide Reason and Description of Ops: _____
Has There Been Any Lapse of Coverage in the Last 12 Months? Yes No

Does the Loss Frequency Rate Exceed 1 Claim Per \$10,000 in Premium? Yes No
 If Yes, Please Explain Frequency: _____

Does the Insured's Loss Experience Over the Last 3 Years Include Any Losses With an Incurred Amount over \$25,000? Yes No
 Are Any Employees Working From a Residence for Operations Classified as Other Than 8810 Clerical or 8742 Outside Sales? Yes No
 Does the Applicant Own, Operate or Lease Any Aircraft for Business Purposes? Yes No
 Does the Applicant Employ More Than 25% of the Workforce as Part-time or Seasonal Employees? Yes No
 Does the Applicant Employ Leased, Alternative, Temporary, Volunteer or Donated Labor? Yes No
 Is the Applicant a Professional Employment Organization - PEO? Yes No
 Is the Applicant a Participant in a WC Program Within a Collective Bargained Labor Agreement (ADR)? Yes No
 Does the Applicant's Operations Include Diving for Other Than Incidental Boat, Ship Repair or Marine Construction? Yes No
 Does the Applicant's Operations Include Tank Cleaning Involving Confined Space Entry? Yes No
 Does the Applicant's Operations Include Any of the Following:
 Asbestos or Lead Abatement? Yes No Demolition or Salvage? Yes No
 Ship Breaking? Yes No Oil or Gas Well or Rig Firefighting? Yes No
 Are the Applicant's Employees Provided Group Health Insurance? Yes No
 Does the Applicant Have a Documented Formal Safety Program? Yes No
 Does the Applicant Provide Group Transportation to More Than 4 Employees in One Vehicle? Yes No
 Does the Applicant Have Any Employees Under 16 Years of Age or Does the Applicant Hire Laborers Not Recorded in the Books and Records - Off the Books Labor? Yes No
 Does the Applicant Employee Workers to Participate in Any Professional or Semi-professional Sporting Activity? (This Includes but is Not Limited to: Auto Racing, Boat Racing, Rodeos, Horse Racing, Shooting, Biking, Sailing, Skiing, Hockey, Football, Baseball etc.)? Yes No
 Does the Applicant Have Any Exposure to Underground Mining Operations? Yes No
 Do the Applicant's Employees Travel Out of Rated States or Beyond Contiguous States for Work Other Than Sales Call? Yes No
 Do Any of the Applicant's Workers Travel to Any of the Following Countries: Afghanistan, Algeria, Central African Republic, Chad, Columbia, Congo, Egypt, Guatemala, Guyana, Haiti, India, Iraq, Jamaica, Lebanon, Liberia, Libya, Madagascar, Mauritania, Nepal, Nigeria, Pakistan, Palestinian Authority, Papua New Guinea, Somalia, Sudan, Yemen or Zimbabwe? Yes No

APPLICANT MARITIME EXPOSURES

Will the Applicant Own, Lease, Charter or Borrow Any Watercraft on a Navigable Waterway? Yes No
 Does the Insured Have a P&I Policy With Crew Endorsement? Yes No
 Will Applicant Have Any Employees Spending More Than 25% of Their Time Assigned to Any Watercraft Operating on a Navigable Waterway? Yes No
 Will Applicant Perform Any Work From a Work Platform in a Navigable Waterway? Yes No
 Will Applicant Employ Anyone as a Master or Member of the Crew of Any Watercraft on a Navigable Waterway? Yes No
 Will the Applicant Employ Anyone to Perform Any Work on or From a Watercraft Under Investigation? Yes No
 Will the Applicant Contract Any Work to be Performed on or From a Watercraft Under Investigation Without Reviewing Proof of Maritime Coverages for the Subcontractor's Workers? Yes No

OPTIONAL COVERAGES

Are Any of the Following Optional Coverages Requested?

Alternate Employer: Specific or Blanket? Yes No

If Specific, Please Provide Specific Information i.e. Alternate Employer Name, State of Special or Temporary Employment, Address and Contact or Project: _____

Waiver of Subrogation: Specific or Blanket? Yes No

If Specific, Please Provide Specific Information i.e. Name of Company and Address That Waiver is in Favor of, Description of Job or Contract, Class Code That Applies, Payroll for Job or Contract: _____

Outer Continental Shelf Endorsement? Yes No

If Yes, Please Provide Description and Location of Work: _____

3 YEAR PREMIUM LOSS SUMMARY

Policy Term	Annual Premium	Number of Claims	Total \$ Claims Paid
2009-2010			
2008-2009			
2007-2008			

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____



MASSACHUSETTS
50 Salem Street
Building B • 3rd Floor
Lynnfield, MA 01940
781-295-0270

VIRGINIA
7130 Glen Forest Drive
Suite 405
Richmond, VA 23226
804-644-5600

www.isr-insurance.com