



COSSIO INSURANCE AGENCY

# WORKERS COMPENSATION APPLICATION

**Directions for completing this editable pdf form:** You do not have to print this Application! Place your cursor on top of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to one of the agents listed below.

Company Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Tax ID number: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Premises Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Nature of Business (detailed description of operations): \_\_\_\_\_

\_\_\_\_\_ Year business started: \_\_\_\_\_

Prior Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective dates (M/Y): \_\_\_\_\_

Is company canceling coverage?  yes  no

Please explain if yes: \_\_\_\_\_

Total premium \$ \_\_\_\_\_ Any claims in the last 5 years?  yes  no

Employee payroll figures:

	No. of Full Time	No. of Part Time	Annual Payroll Renumeration
Secretaries	_____	_____	_____
Retail Employees	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## OWNERS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_

Renumeration: \_\_\_\_\_  included  excluded



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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_

Renumeration: \_\_\_\_\_  included  excluded

Do you own, operate or lease aircraft/watercraft?  yes  no

Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting hazardous material?  yes  no

Any work performed underground or above 15 feet?  yes  no

Any work performed on barges, vessels, docks, bridge over water?  yes  no

Are you engaged in any other type of business?  yes  no

Are sub-contractors used? (If yes, \_\_\_\_\_% of work subcontracted.)  yes  no

Any work sublet without certificate of insurance?  yes  no

Is a written safety program in operation?  yes  no

Any group transportation provided?  yes  no

Any employees under 16 or over 60 years of age?  yes  no

Any seasonal employees?  yes  no

Is there any volunteer or donated labor?  yes  no

Any employees with physical handicaps?  yes  no

Do employees travel out of state?  yes  no

Are athletic teams sponsored?  yes  no

Are physicals required after offers of employment are made?  yes  no

Any prior coverage declined, cancelled, non-renewed (last 3 years)?  yes  no

Are employee health plans provided?  yes  no

Is there a labor interchange with any other business/subsidiary?  yes  no

Do you lease employees to or from other employers?  yes  no

Any tax lines or bankruptcy within the last 5 years?  yes  no

Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises  yes  no



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We are going to need the following information to get your workers compensation quote.

Please explain all yes answers at the bottom.

Do any employees predominantly work at home?

yes

no

Have you received any offers of voluntary coverage?

yes

no

Indicate the number of Insurance companies that have refused the applicant coverage in the last 60 days

\_\_\_\_\_

Explain all yes answers:

Has there been previous workers compensation insurance coverage in this state?

yes

no

In any other state?

yes

no

Which state? \_\_\_\_\_

If NO to the prior two questions, was this due to:

New Business

Number of Employees

Self-Insured Group

Self-Insured Independent

Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprises?

yes

no

If Yes, explain including entity names and policy numbers. \_\_\_\_\_

Has there been a name change, consolidation, merger or ownership change during the past five years?

yes

no

If yes, give previous name and date change in REMARKS area below.

Do you lease workers from a labor contractor?

yes

no

Are you seeking to cover the leased workers?

yes

no

Do you provide temporary labor services to other employers?

yes

no

Do you have a franchise or licensing agreement?

yes

no

Do you or your employees regularly operate from a base terminal which is used to load, unload, store or transfer freight?

yes

no

(if Yes, please provide a list of terminal addresses)

