

INSTRUCCIONES: Si desea leer la solicitud en español; por favor haga clic en la nota amarilla y aparecerá la traducción o la definición de la pregunta.

1. Complete la solicitud (todas las páginas) en su totalidad mediante los campos azules.
2. Es obligatorio rellenar todos los campos con la información correcta.
3. Enviar la solicitud a apps@cossoinsurance.com o fax a 864-688-0138.

Section 1: BUSINESS INFORMATION

Company Name:		Start Date:	
Tax ID number:		FEIN/SSN:	
Contact Name:		Birth Date:	
Home Phone:		Work Phone:	
Fax:		Email:	
Mailing Address:			
City:		State:	Zip:
Premises Location:			
City:		State:	Zip:
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	# Full Time	# Part Time	Annual Payroll Renumeration
Secretaries			
Retail Employees			

Section 2: OWNER INFORMATION

	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		

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Section 3: GENERAL INFORMATION

 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 transporation provided?	☐ Yes ☐ No  Any seasonal employees?
 Any employees under 16 or over 60 years of age?	☐ 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?
 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
 We are going to need the following information to get your workers compensation quote.	
 Please explain all yes answers in the remarks section below the questions.	
 Do any employees predominantly work at home?	☐ Yes ☐ No
 Have you received any offers of voluntary coverage?	
 Indicate the number of Insurance companies that have refused the applicant coverage in the last 60 days	
 Has there been previous workers compensation insurance coverage in this state?	☐ Yes ☐ No

Section 3: GENERAL INFORMATION (Continued)

	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.
	Do you lease workers from a labor contractor? ☐ Yes ☐ No
	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. 
	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)
	Do any employees live outside the state of domicile or branch locations? ☐ Yes ☐ No List States:
	Are there any employees working from their home? ☐ Yes ☐ No
	Are home-based employees work areas inspected to assure compliance with ergonomic standards? ☐ Yes ☐ No
	Do employees perform errands for the employer in the employee's own car before or after work? ☐ Yes ☐ No
	Do employees participate in employer-sponsored recreational activities (athletics, picnics, etc)? ☐ Yes ☐ No
	Any exposure to chemicals, x-ray or radiation? ☐ Yes ☐ No
	Are Material Safety Data Sheets required and kept on site? ☐ Yes ☐ No
	Is personal protective equipment (PPE) provided and inspected regularly to assure proper operation? ☐ Yes ☐ No
	Are employees trained in the use of PPE and required to use it at all times? ☐ Yes ☐ No
	Are current Certificates of Insurance required of all IC's and SC's? ☐ Yes ☐ No
	Please provide a copy of sample contracts. Both contracts in which you AGREE to indemnify and hold harmless and those in which you TRANSFER risk to another party.
	List the states in which the insured currently conducts operations:
	Are they listed under 3.A.? ☐ Yes ☐ No
	What level of contractual risk transfer is allowed in each state (limited, intermediate, broad)? ☐ Yes ☐ No
	Is the insured operating in any monopolistic states (ND, Ohio, Wash. or Wyo.)? ☐ Yes ☐ No

Section 3: GENERAL INFORMATION (Continued)

	Do any employees have pre-existing medical conditions that could be compounded by a work related injury (only applicable in states with Second Injury Funds)? ☐ Yes ☐ No
	Does the employer hire temporary labor in states where they are working on a temporary basis? ☐ Yes ☐ No
	Does the employer have any plans to begin operations in states not listed as a 3.A. state? ☐ Yes ☐ No
	Do employees ever travel outside the US on business? ☐ Yes ☐ No
	Do any employees work on boats on or above navigable waters? ☐ Yes ☐ No
	Are there any employees with maritime exposures? ☐ Yes ☐ No
	Any employees working on military bases? ☐ Yes ☐ No
	Are any employees leased from an employee leasing firm? ☐ Yes ☐ No
	Any employees from a PEO (co-employment)? ☐ Yes ☐ No
	Does the employer ever "borrow" a worker from another employer? ☐ Yes ☐ No
	Are there any other businesses in which the entity or the entity's owners hold a majority interest? ☐ Yes ☐ No
	Are payrolls kept seperated when employees are eligible for payroll splits under the interchange of labor rule? ☐ Yes ☐ No
	Are there any employees exempt from workers' compensation coverage (i.e. casual labor, domestic servants, farm laborers, etc.)? ☐ Yes ☐ No
	Any person knowingly and with intent to defraud any insurance company or other person, files an application for Insurance containing false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.
	Signature
	Date:

Section 4: REMARKS

FRAUD NOTICE



GENERAL STATEMENT: 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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)



APPLICABLE IN COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.



APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.



APPLICABLE IN FLORDIA: 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.



APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.



APPLICABLE IN KANSAS: 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.



APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.



APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.



APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.



Insured Signature:

Date:

SAVE APPLICATION