



**APPLICATION FOR LARGE DEDUCTIBLE WORKERS' COMPENSATION
(COMPLETE IN ADDITION TO ACORD APPLICATIONS)**

NEW
RENEWAL

EFFECTIVE DATE _____

QUOTE BY DATE _____

APPLICANT'S NAME AND FEIN (EXACT NAME TO APPEAR ON CONTRACT);

DESCRIBE ANY SUBSTANTIAL OR UNUSUAL CHANGES IN OPERATIONS THAT ARE PLANNED OR HAVE TAKEN PLACE IN THE PAST FIVE YEARS: _____

DESIRED PROGRAM

SPECIFIC LIMITS: WC STATUTORY EL _____ DEDUCTIBLE AMOUNT(S) _____

DOES INSURED'S OPERATION INCLUDE ANY FEDERAL EXPOSURES (JONES ACT, MARITIME YES__ NO__

COVERAGE)? IF SO, PLEASE DESCRIBE: _____

HISTORICAL ACCOUNT DATA (PLEASE PROVIDE A MINIMUM OF 5 YEARS)

HISTORICAL POLICY TERM		WORKERS COMP PAYROLL
(Current)	to	\$
1 st Prior	to	\$
2 nd Prior	to	\$
3 rd Prior	to	\$
4 th Prior	to	\$
5 th Prior	to	\$

COMPLETE SUBMISSION MUST ALSO INCLUDE:

- **CURRENT AND FIRST PRIOR EXPERIENCE MODIFICATION WORKSHEET**
- **5 YEARS OF HISTORICAL LOSS INFORMATION (CURRENT YEAR PLUS 5 PRIOR YEARS)**
 - ALL INDIVIDUAL INCURRED LOSSES GREATER THAN 35% OF DESIRED DEDUCTIBLE MUST INCLUDE THE FOLLOWING INFORMATION:
 - CLAIMANT NAME
 - PAID AMOUNT/OUTSTANDING RESERVE/TOTAL INCURRED
 - DATE OF LOSS - DESCRIPTION OF ACCIDENT – INCLUDE TYPE OF INJURY
- **MOST RECENTLY AVAILABLE AUDITED FINANCIAL STATEMENT**

COMPLETED BY _____

TITLE _____

DATE _____