

PATRIOT INSURANCE AGENCY, INC.

DBA Arizona Patriot Insurance Agency, Inc. in CA, NC, ND, NY

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WORKERS COMPENSATION INSURANCE APPLICATION

Legal Entity Name: _____ Tax ID number: _____

Contact Name: _____ Title: _____

Business Phone: _____ Email: _____

Fax: _____ Website: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Premises Location (if more than one advise in REMARKS section): _____

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 Remuneration
Office Staff	_____	_____	_____
Executive Director(s)	_____	_____	_____
Nurse(s)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 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
- 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 Yes No

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 Other (Explain):

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)
