

US SPECIALTY UNDERWRITERS, INC.
6140 Parkland Blvd., Suite 300, Mayfield Heights, OH 44124
(440) 605-6100 Fax (440) 605-6101

Date: _____ Submitted By: _____
Insured: _____ Producer: _____
Address: _____

APPLICATION FOR EXCESS WORKERS' COMPENSATION

- 1.) NAMED INSURED (exactly as it is to appear on the policy):

- 2.) ADDRESS: _____

- 3.) EFFECTIVE DATE:: _____

- 4.) STATES IN WHICH INSURED IS APPROVED FOR SELF-INSURANCE AND APPROVAL DATES:

- 5.) DESCRIPTION OF OPERATIONS, PROCESSES AND PRODUCTS OF APPLICANT AND SUBSIDIARIES (attach copy of current and comprehensive loss prevention inspection reports, products brochure, annual report or 10-K report, and copy of self-insurance application filed with the state):

6.) LOCATIONS TO BE INSURED (attach separate page if necessary):

ADDRESS	NO. OF EMPLOYEES	OPERATIONS

7.) **RATING INFORMATION** (to be provided separately for each state to be included under this coverage):

STATE	CLASSIFICATION	NO. OF EMPLOYEES	WC CODE	EST GROSS PAYROLL
TOTAL:				

8.) **AGGREGATE LOSS EXPERIENCE** (most recent 5 years' claims data for each state to be included under this coverage):

Dates	Total Annual Payroll	Indemnity Paid	Medical Paid	Indemnity Unpaid	Medical Unpaid	Total No. Claims	Total Incurred	Valuation Dates

9.) **LARGE LOSS EXPERIENCE** (list all individual claims occurring within the past 5 years valued in excess of \$50,000):

Date of Loss	State	Description of Loss, Injury, Disease	Indemnity Paid	Medical Paid	Indemnity Unpaid	Medical Unpaid	Total Incurred	Status

10.) **EXPOSURE INFORMATION:**

- A) Are there any occupational disease exposures in applicant's operations? YES NO
- B) Are there any exposures under Jones Act, Federal Railroad Employees Act (FELA), or Federal Longshoreman's and Harbour Workers' Act (USL&H)? YES NO
- C) Does applicant own, charter, or lease any aircraft or watercraft? YES NO
- D) Are there any exposures outside the U.S.A.? YES NO

- E) Does applicant manufacture, produce, refine, store distribute or transport gasses, gasoline, or flammables? YES NO
- F) Is the applicant engaged in the production, distribution, handling, or storing of explosives or explosive substances? YES NO
- G) Does the applicant perform underground tunneling or subaqueous operations? YES NO
- H) Does the applicant perform any operations involving exposure to heights? YES NO
- I) Has the applicant been cited for OSHA violations within the past five years? YES NO
- J) Are there any exposures to toxic chemicals? YES NO
- K) Have there been any significant changes in exposures over the last five years? YES NO

ATTACH DETAILS OF ANY EXPOSURES IDENTIFIED ABOVE

11.) LOSS PREVENTION SERVICES:

Name of company: _____

Address: _____

Frequency and type of service:: _____

Describe applicant's safety program: _____

Describe applicant's return to work program: _____

Is applicant's property insurance underwritten through a HPR facility? YES NO

12.) CLAIMS ADMINISTRATION:

Name of company: _____

Address: _____

Contact Name: _____ Phone number: _____

Is managed care utilized? YES NO

If yes, indicate managed care organization utilized, if any _____

13.) SUPPLEMENTAL VEHICULAR INFORMATION:

No. of... Cars _____ Trucks _____ Tractors _____ Buses _____ Other _____

States in which vehicles operate: _____

Does applicant use or provide buses, trucks, or vans to transport employees? YES NO

If yes, list vehicles below including passenger capacity and radius of operation.

Does applicant transport goods for others? YES NO

If yes, indicate type of goods transported, radius of operations and types of vehicles used.

14.) PROGRAM TO BE QUOTED:

CURRENT PROGRAM:

Quote needed by: _____ Specific limits: WC _____

Specific limits: WC _____ EL _____

EL _____ Retentions: _____

Retentions: _____ Aggregate limits: _____

Aggregate limits: _____ Aggregate retention: _____

Aggregate retention: _____ Who is current insurer? _____

Rate/Premium: _____

Signature of Applicant

Title

Date

Print Name of Applicant