



Risk Assessment Application

Company Name _____ Date _____

Company Representative _____ Title _____

Business Phone _____ Cell Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Website _____

Fed Tax ID # _____ WC Experience Mod _____ SUTA Rating _____

Current Workers Comp Carrier _____ or with a PEO _____

Years in business _____ Does your company owe money to a previous worker comp carrier or a PEO? Yes No

Description of Operations _____

This section pertains to the owner's payroll and establishes if they will be covered under the Alliance's Worker Compensation policy.

Principals					
Name	Exclude?	% Owned	Title	Duties	Annual Salary

The following Rating Information pertains to all employees besides the owners. At minimum please fill in the Description of duties, the number of Employees and Annual Payroll per code. Alliance HR will look up the Class Codes and Rates if you don't know them.

Rating Information						
State	Class Code	Categories / Duties / Classifications	# Emp's	Annual Payroll	Manual Rate	Estimated Annual Premium
FL						
FL						
FL						
FL						
FL						

Prior Carrier Information and Loss History			
Policy Year	Workers Comp Carrier and Policy Number or name of PEO	Annual Premium	Total Incurred Losses

Attach Loss Runs for the last four policy years



Underwriting Questions

These questions are vital to accurately underwrite your account. If you have any questions at all, please consult your Alliance sales representative.

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Is safety equipment provided with ongoing safety training? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is a formal written safety program in place? If Yes, Please Attach copy | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is a drug-free workplace program in effect? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has your company had any Workers Comp claims or injuries? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your company have any open Workers Comp claims? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is an early return from injuries or light duty program in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your company provide health insurance to employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your company own, operate or lease a boat or airplane? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there any exposure to chemicals or hazardous materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is any work performed under, on or above water? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is work performed which may be subject to Jones Act, USL&H or FELA? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do any operations include excavation or other underground work? | <input type="checkbox"/> | <input type="checkbox"/> |
| • How many employees have quit in the past year? | _____ | |
| • How many employees have been fired or laid off in the past year? | _____ | |
| • Do you have company vehicles that employees drive? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are Motor Vehicle Records checked on all employee drivers? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the radius of vehicle operations exceed 50 miles? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do employees travel outside state or country? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are Subcontractors (1099's) used? If yes, list each type | <input type="checkbox"/> | <input type="checkbox"/> |
| Subcontractor Type _____ | | |
| • Does your company keep copies of Subcontractors insurance certificates? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is any work performed over 8 Feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| • What is the maximum height worked at? | _____ | |
| • If over 8 FT what equipment is used (scaffold, hoists/lifts, ladders) and what fall protection is in place? | _____ | |
| • What are your Days Open and Hours of Operation? | _____ | |

I hereby attest that the information provided on this application is true and complete and I understand that providing false information for the purpose of being assigned incorrect workers' compensation class codes is a crime punishable by fines and possible criminal charges.

Printed Name of Applicant _____ Title _____

Signature _____ Date _____