



Name of Organization: \_\_\_\_\_ Requested effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street) (county) (city) (state) (zip code)

Physical Addresses: *(Attach extra sheet, if necessary)*  
 \_\_\_\_\_  
(street) (county) (city) (state) (zip code)  
 \_\_\_\_\_  
(street) (county) (city) (state) (zip code)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ FEIN No.: \_\_\_\_\_

Email address: \_\_\_\_\_ Web site address: \_\_\_\_\_

Administrator or CEO/Insurance Contact Person: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Annual Revenue: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Employee Classification	Number of Employees	Estimated Annual Payroll
Clerical		
Outside Sales / Marketing		
Enter Description:		
Enter Description:		
Enter Description:		
Enter Description:		
Enter Description:		
Enter Description:		

*(Other Classifications? Please Attach Extra Sheet.)*

Names of Partners/Officers to be Included or Excluded from Coverage:

Name	Date of Birth	Title	Ownership %	Inc/Exc
1.				
2.				
3.				

Do You?

- Have employees who regularly travel out of the state (as part of their job)?  Yes  No
- Sponsor any athletic teams?  Yes  No
- Have any labor interchange with any other subsidiary or affiliated company?  Yes  No
- Have any leased employees or volunteers?  Yes  No
- Have any 1099 or independent contractor labor relationships (PT's / OT's / MSW's)?  Yes  No

Please attach:

- Estimated Annual Revenues
- A List of Employees
- Three Years Loss History, If Applicable