

CHARLES JAMES CAYIAS

INSURANCE INC.

2150 South 1300 East, Suite #100, Salt Lake City, UT 84106
(801) 488-0085 • Fax (801) 463-6683

WORKERS COMPENSATION APPLICATION

Please answer all questions fully. Prior loss runs will be required to submit to carrier.

Proposed Named Insured: _____

(Please include the legal name and any DBA)

Mailing Address: _____

Location Address*: _____

*If more than one location is to be listed on the policy, please provide the location address(es) under additional notes.

Proposed Effective Date: From: _____ To: _____
Normal Anniversary Rating Date: _____

EMPLOYERS LIABILITY
Each Accident: \$ _____
Policy Limit: \$ _____
Each Employee: \$ _____

Type of Ownership:
Sole Proprietor Corporation LLC
Trust Partnership S Corp
Joint Venture Other: _____

CONTACT INFORMATION
Inspection Contact:
Name: _____
Office Phone: _____
Mobile Phone: _____
E-Mail: _____

CHARLES JAMES CAYIAS
 INSURANCE INC.

CONTACT INFORMATION (CONTINUED)

Accounting Records Contact:

Name: _____
 Office Phone: _____
 Mobile Phone: _____
 E-Mail: _____

Claims Information Contact:

Name: _____
 Office Phone: _____
 Mobile Phone: _____
 E-Mail: _____

INDIVIDUALS INCLUDED/EXCLUDED

Partners, Officers, Relatives (Must be employed by business operations) to be included or excluded
 (Estimated annual payroll must be part of rating information section.)

Name: _____
 Date of Birth: _____
 Title/Relationship: _____
 % of Ownership: _____
 Duties: _____
 Included/Excluded: _____
 Class Code: _____
 Estimated Annual Payroll: _____

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 Class Code: _____

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 INSURANCE INC.

INDIVIDUALS INCLUDED/EXCLUDED (CONTINUED)

Estimated Annual Payroll: _____

Name: _____

Date of Birth: _____

Title/Relationship: _____

% of Ownership: _____

Duties: _____

Included/Excluded: _____

Class Code: _____

Estimated Annual Payroll: _____

RATING INFORMATION

Class Code: _____

Categories, Duties, Classifications: _____

of Employees: _____ Full Time _____ Part Time

Estimated Annual Payroll: _____

Class Code: _____

Categories, Duties, Classifications: _____

of Employees: _____ Full Time _____ Part Time

Estimated Annual Payroll: _____

Class Code: _____

Categories, Duties, Classifications: _____

of Employees: _____ Full Time _____ Part Time

Estimated Annual Payroll: _____

Class Code: _____

Categories, Duties, Classifications: _____

of Employees: _____ Full Time _____ Part Time

Estimated Annual Payroll: _____

PRIOR CARRIER INFORMATION/LOSS HISTORY

Year: _____

Carrier: _____

Policy Number: _____

Annual Premium: _____

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PRIOR CARRIER INFORMATION/LOSS HISTORY (CONTINUED)

Year: _____
 Carrier: _____
 Policy Number: _____
 Annual Premium: _____

 Year: _____
 Carrier: _____
 Policy Number: _____
 Annual Premium: _____

 Year: _____
 Carrier: _____
 Policy Number: _____
 Annual Premium: _____

Nature of Business/Description of Operations: (Give comments and description of business, operations and products: manufacturing – raw materials, processes, product equipment; contractor – type of work, sub-contacts; mercantile – merchandise, customers, deliveries; service – type, location; farm – acreage, animals, machinery, sub-contracts.): _____

General Information:

Does Applicant Own, Operate or Lease Aircraft/Watercraft?: _____ Yes _____ No
 Do/Have Past, Present, or Discontinued Operations Involve(d) Storing, Treating, Discharging, Applying, Disposing, or Transporting Of Hazardous Material?: _____ Yes _____ No
 Any Work Performed Underground or Above 15 Feet? _____ Yes _____ No
 Any Work Performed On Barges, Vessels, Docks, Bridge Over Water? _____ Yes _____ No
 Is Applicant Engaged In Other Type of Business? _____ Yes _____ No
 Are Sub-Contractors Used? (If Yes, Give % of Work Subcontracted) _____ Yes _____ No
 Any Work Sublet Without Certificates Of Insurance (If Yes, Payroll For This Work Must Be Included in the Rating Information) _____ 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? (If Yes, Please Specify) _____ Yes _____ No
 Any Employees With Physical Handicaps? _____ Yes _____ No

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General Information (CONTINUED):

- Do Employees Travel Out of State (If Yes, Indicate State(s) And Frequency) Yes No
- Are Athletic Teams Sponsored? Yes No
- Are Physicals Required After Offers of Employment Are Made? Yes No
- Any Other Insurance With This Insurer? Yes No
- Any Prior Coverage Declined/Cancelled/Non-Renewed In The Last Three(3) Years? (Not Applicable in MO)
 Yes No
- Are Employee Health Plans Provided? Yes No
- Do Any Employees Perform Work For Other Business or Subsidiaries? Yes No
- Do You Lease Employees To Or Form Other Employers? Yes No
- Do Any Employees Predominantly Work At Home? (If Yes, # of Employees) Yes No
- Any Tax Liens Or Bankruptcy Within The Last Five (5) Years? Yes No
- Any Undisputed And Unpaid Workers Compensation Premium Due From You Or Any Commonly Managed or Owned Enterprises? Yes No