APPLICATION FOR EMPLOYERS EXCESS INDEMNITY COVERAGE

1) Name as it is to appear on Policy: _____

2) Mailing Address: _____

_____

3) FEIN #: _____

4) Requested Effective Date: _____

5) Business Type: ☐ **Corporation** ☐ **Partnership** ☐ **Other** _____

6) Description of Operations: _____

7) Original Date Workers' Compensation was rejected: _____

8) Current Coverage Information

Carrier: _____
Policy Period: _____
Employee/Occurrence Limits: _____
SIR/Deductible: _____
Policy Aggregate Limit: _____
Rate per $100 of Payroll: _____
Endorsements: _____
Total Payroll used for this Policy: _____

9) Employee Injury Benefit Plan:

ATTACH A COPY O FTHE CURRENT INJURY BENEFIT PLAN

Date the plan came into effect: _____
Name of the law firm employed to design plan: _____
Do you have an arbitration agreement for employer negligence claims? ☐ Yes ☐ No
Does this include an agreement to accept arbitration as the sole forum for dispute resolution? ☐ Yes ☐ No
Is every employee subject to the plan? ☐ Yes ☐ No
Are the employees required to sign an enrollment form? ☐ Yes ☐ No

Wage Replacement Benefit:

Waiting period: _____
Percentage of base pay: _____
Maximum weekly benefit: _____
Principle sum for Death or Dismemberment Benefit: _____
Maximum benefit any one employee per accident: _____
Maximum benefit all employees per occurrence: _____
Does this plan have an annual aggregate benefit amount? ☐ Yes ☐ No
Amount: _____

10) Claims Administration:

Does the insured currently have a Third Party Administrator (TPA)? ☐ Yes ☐ No
TPA Name: _____
Address of TPA: _____
How long has the TPA handled TX Non-Subscriber for their insureds? _____
Has the TPA handled an Employer Liability claim for you? ☐ Yes ☐ No

SELF ADMINISTERED APPLICANTS MUST PROVIDE A RESUME OF "IN-HOUSE" ADMINISTRATORS AND COMPLETE A TPA QUESTIONAIRE.

Is outside legal counsel involved in claims administration? ☐ Yes ☐ No
Name of counsel or law firm: _____

11) Loss Prevention Program:
Do you have a written safety program? ☐ Yes ☐ No
Is there a safety incentive program? ☐ Yes ☐ No
Is pre-employment drug screening conducted? ☐ Yes ☐ No
Do you have a random alcohol/drug-testing program? ☐ Yes ☐ No
If yes, how many tests are conducted per year? _____
Do you have a full-time safety director? ☐ Yes ☐ No
Do you have a safety committee? ☐ Yes ☐ No
Explain your accident investigation procedures: _____

Have you had any OSHA violations in the last 5 years? ☐ Yes ☐ No
If yes, please explain: _____

Is there an outside safety consultant? ☐ Yes ☐ No
If so, whom: _____

12) Has the applicant (or entity) been in the Texas Workers' Compensation System in the last 3 years?
☐ Yes ☐ No

13) Has the applicant (or affiliate) ever had an Employer's Liability claim? ☐ Yes ☐ No
If yes, please explain: _____

14) Special Exposures (Check the appropriate box that reflects the actual and/or anticipated exposures associated with the applicants operations. Provide details for any "yes" responses in the spaces provided below.)

		YES	NO
A.	Own, lease or charter any aircraft?	☐	☐
B.	Own, lease or charter any watercraft?	☐	☐
C.	Load, unload, repair or construct watercraft or vessels including work performed on barges or docks?	☐	☐
D.	Operations or employees subject to the Longshoremen's and Harbor Workers' Act, Jones Actor or Federal Employer's Liability Act?	☐	☐
E.	Own, operate or maintain a railroad?	☐	☐
F.	Foreign operations or employees who travel to foreign countries?	☐	☐
G.	Occupational disease exposures? (Includes asbestos, silica dusts, toxic, injurious or hazardous substances, compounds or chemicals, caustics, fumes, noise radiation, communicable diseases and any other occupational disease exposures or claims.)	☐	☐
H.	Operations that have resulted in carpal tunnel syndrome, repetitive motion or cumulative trauma claims?	☐	☐
I.	Manufacture, produce, refine, store, distribute or transport gases, gasoline or flammables?	☐	☐
J.	Manufacture, handle, transport, distribute or store explosives or explosive substances?	☐	☐
K.	Underground, tunneling, mining, cofferdam or subaqueous operations?	☐	☐
L.	Wrecking, dismantling, or demolition work?	☐	☐
M.	Employees exposed to fall hazard over 24 feet?	☐	☐
N.	Operations involving exposure to burns?	☐	☐
O.	Do you lease employees to or from others?	☐	☐
P.	Any substantial changes in operations in the last five years?	☐	☐
Q.	Are there any Texas employees who work in other states?	☐	☐
R.	Any OSHA violations?	☐	☐
S.	Does the applicant have subsidiaries subject to Texas law, but located out of state?	☐	☐
T.	Have there been any employee fatalities in the last 7 years?	☐	☐

If "yes" to any question(s), please explain: _____

15) Vehicle Information

TYPE OF VEHICLE	NUMBER OF UNITS	AVERAGE NUMBER OF EMPLOYEES
1. Passenger cars		
2. Vans		
3. Light & Medium trucks		
4. Heavy & X-Heavy trucks		
5. Truck tractors		
6. Trailers		

TYPE OF VEHICLE	NUMBER OF UNITS	AVERAGE NUMBER OF EMPLOYEES
7. Police cars		
8. Fire trucks		
9. Ambulance		
10. Motorcycles		
11. Buses		
12. *Other		

**Golf Carts, ATV's, Trams, etc.*

Does the applicant provide transportation of employees to and or from any work site or work location? ☐ yes ☐ no
If "yes", provide a listing of vehicles and for each identify the seating capacity, average number of employees per trip, average radius per trip and (4) average number of daily trips. _____

_____

16) Exposure/Rating Information:

# OF FULL-TIME EMPLOYEES	# OF PART-TIME EMPLOYEES	CLASSIFICATION CODE	ANNUAL PAYROLL BY CLASS	CLASSIFICATION OR DESCRIPTION

17) Historical Payroll and Loss Experience for the past 5 years:

What is the loss Valuation Date? _____

POLICY YEAR	PAYROLL	PAID	RESERVED	TOTAL INCURRED	NUMBER OF CLAIMS	NUMBER OF LAWSUITS FILED

18) Claims in Excess of $50,000

DATE OF LOSS	DESCRIPTION OF LOSS AND NATURE OF INJURY OR DISEASE	PAID	INCURRED	STATUS	ARBITRATION REQUIRED
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Please attach another sheet if necessary.

Are loss runs submitted with application? ☐ Yes ☐ No
If "no", are loss runs available upon demand? ☐ Yes ☐ No

THIS IS NOT A WORKERS' COMPENSATION INSURANCE POLICY. YOU DO NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY. IF YOU ARE A NONSUBSCRIBER, YOU LOSE CERTAIN COMMON LAW DEFENSES TO SUIT AS WELL AS CERTAIN LIMITATIONS ON LIABILITY THAT WOULD OTHERWISE BE AVAILABLE UNDER THE WORKERS' COMPENSATION LAWS. YOU MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NONSUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

Name of Applicant and subsidiaries: _____

Applicant's Representative's Signature: _____

_____
(Please type name, title, and company of submitting broker)

Date: _____