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U.S.L.& H. AND STATE ACT WORKERS' COMPENSATION

PROGRAM SUMMARY

TYPE	U.S.L.&H. and State Act Workers' Compensation
MINIMUM PREMIUM	\$2,000 Minimum premium (most class codes) W.C. & U.S.L.&H. combined
PROGRAMS AVAILABILITY	Coverage is available in all states and will offer the combination of State Act with U.S.L.&H. Coverage (except monopolistic states, where federal only coverage may be offered)
SECURITY	Domestic, A+ (Superior) by A.M. Best, rated carriers
SUBMISSION REQUIREMENTS	ACORD Workers' Compensation Application Minimum 5 years and currently valued Loss Runs (not over 3 months old) Latest Experience Modification worksheet Description of operations Supplemental application (attached)

In an effort to effectively quote this account as quickly as possible, It is vital you provide all of the information we have outlined for you in the supplemental application. Thank you in advance for your assistance.



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USL&H Supplemental Application

GENERAL INFORMATION

Name _____
 (complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

Physical Address
 No. Street City County State Zip Code

Phone () Fax () FEIN

Website Email

Policy Proposed effective date _____ to _____

SECTION A: PLACEMENT

1. Which companies have you approached?
2. What are the key issues to securing an order on this account?
3. Do you currently control the account? Yes No
 If yes, when do other lines renew?
4. Are current companies offering renewal? Yes No
 If yes, what terms are offers? If no, why?

SECTION B: EXPERIENCE

1. How many years has the Senior Officer, Partner or Proprietor operated this or a similar business?
 (attach resume if less than 3 years)
2. Does the applicant have evidence of continuous Workers' Compensation coverage over the past 3 years? Yes No
3. How many years of the last 5 years, excluding current year, has the applicant done work subject to the USL&H law?
4. Does applicant operate from a home or residential office? Yes No
5. Have payrolls fluctuated more than 50% between any two of the last 5 years? Yes No
6. Are you a member or any Professional Association(s)? Yes No
 If yes, what association(s)?

SECTION C: ELIGIBILITY

1. How many states does the applicant operate in?
2. What is the current Experience MOD? Copy attached? Yes No
3. Is the applicant in Chapter 11 Bankruptcy proceedings? Yes No

4. Has the applicant ever filed for voluntary or involuntary bankruptcy proceedings? Yes No
5. Has the applicant's insurance been cancelled or lapsed in the last two years due to non-payment of premium? Yes No

SECTION D: RISK CHARACTERISTICS & ADDED EXPOSURES

1. Does the applicant use independent contractors in the conduct of its business? Yes No
 If yes, for what purpose?
 If yes, how are they paid? 1099's Other If other, please explain:
 If yes, does the applicant obtain and retain Certificates of Workers' Compensation Insurance? Yes No
2. Does the applicant provide a group health plan for its employees? Yes No
3. Does applicant have an operating safety program? Formal Informal None
4. Do employees travel out of related states or beyond contiguous states on the applicant's business? Yes No
 If yes, state nature, frequency, duration and location in detail:
5. Do part-time or seasonal employees make up more than 25% of the workforce? Yes No
6. Any exposure to employee leasing, alternative staffing, temporary, volunteer, or donated labor? Yes No
 If yes, provide detail:
7. Do you own or operate any vessels, or do your employees do any work on or from any vessel in navigation? Yes No
8. Do employees work predominantly at home? Yes No
9. Is any otherwise uninsured work performed on or from barges or vessels as work platforms for maritime construction or maintenance? Yes No

SECTION E: OVER THE WATER EXPOSURES

If any questions answered yes, attach a copy of current MEL or P&I (including crew) coverage.

1. Will the applicant own, lease, charter or borrow any watercraft on a navigable waterway? Yes No
2. Will the applicant employ anyone as a Master or Member of the crew of any watercraft on a navigable waterway? Yes No
3. Will the applicant employ anyone to perform any work on or from a watercraft under navigation? Yes No
4. Will the applicant contract any work to be performed on or from a watercraft under navigation without reviewing proof of maritime coverages for the contractor's workers? Yes No

ALL RISKS, LTD.

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

Signature

Name (type or print)

Date