

**WORKERS COMPENSATION APPLICATION  
for Assigned Risk policy holders**

**Complete Application and return by fax or email.  
Fax : 703-483-9934 E-mail : [sales@fciagency.com](mailto:sales@fciagency.com)  
For Questions call: 703-382-2345**

**Items to consider when completing this application:**

- You may not realize you are in the Assigned Risk Program as your current policy will be issued and serviced by a standard insurance company such as The Hartford®, Travelers®, Guard®, etc. But don't be fooled, your policy charges the highest rates and may include additional surcharges only found in Assigned Risk policies.
- Do not assume you cannot get out of the Assigned Risk program because you have been told so by your current agent or you tried unsuccessfully in the past. The insurance agent may have limited resources and less experience. Insurance carriers are continually changing their appetites; what they did not write yesterday does not mean they will not write today.
- The sooner we receive this application the better our chances of finding you a competitive insurance policy. Depending on the severity of your operations, some insurance carriers will not quote unless they have 30 days to review. Some insurance carriers will require an inspection prior to quoting.
- You may have received the renewal notice from the current insurance company writing your policy. If that renewal notice contains the Rating Information (classifications, payroll, rates) you can send that to us instead of completing the Rating Information section of this application. Don't worry about revealing the rates; Assigned Risk rates are public information.
- Loss Runs – Loss Runs reveal all losses that have occurred on your prior policies and they are available to you at no cost. To obtain, you'll need to request directly from the agent that sold you the policies or contact the insurance carrier directly. Loss Runs are valuable information in the underwriting process. Many underwriters will not quote your account without seeing 3–5 years of prior Loss Runs. We highly recommend you obtain Loss Runs.
- We are a full service independent insurance agency. We have markets for all lines of business insurance and are happy to provide you with a quote. However, writing the other lines of business insurance is not a requirement for us to write your workers' compensation.
- If you have any questions, please do not hesitate to contact us. We are happy to walk you through the whole process. There is absolutely no obligation on your part to purchase insurance from our agency.

# WORKERS' COMPENSATION APPLICATION

Applicant Name	
Mailing Address	
Contact Name	Phone
Email	Fax
Federal Employer ID Number	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership
<b>Proposed Effective Date</b>	Years in Business

**LOCATIONS**

LOC #	Street	City	State & Zip
1			
2			
3			

**RATING INFORMATION –**

**Do not include executive officers, partners, sole proprietors, or LLC managers.**

LOC #	CLASS CODE*	DESCRIPTION*	ANNUAL PAYROLL	NUMBER OF EMPLOYEES
<b>Skip this section if you provide us with Rating Information from your current renewal notice.</b>				

\*CLASS CODE

\*DESCRIPTION

See your current policy for Class Codes and Description. If no policy, provide your own description of work done by class of employees, e.g., Painters, Auto Mechanics, Insurance Agents, Engineers, etc.

**EXECUTIVE OFFICERS, PARTNERS, SOLE PROPRIETORS, OR LLC MANAGERS**

NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNERSHIP %	CLASS CODE*

**PRIOR CARRIER / LOSS HISTORY**

**If you have current Loss Runs send with this application and do not complete this section.**

YEAR	INSURANCE CARRIER	ANNUAL PREMIUM	# CLAIMS	AMOUNT PAID
CURRENT				

PROVIDE CLAIM DETAILS

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
Do you own, operate or lease aircraft?			Any volunteer or donated labor?		
Have you or do you now treat, store or handle hazardous materials?			Any unpaid or disputed workers' compensation premium due?		
Any work performed underground or above 15 feet?			Is there a labor interchange with any other business/subsidiary?		
Any work on barges, vessels, docks or bridges?			Any employees with physical handicaps?		
Any you engaged in any other type of business?			Do employees travel out of state?		
Do you use subcontractors?			Are athletic teams sponsored?		
Any work sublet w/o certificates of insurance?			Are physicals required after offers of employment?		
A written safety plan in operation?			Are employee health plans offered?		
Any group transportation provided?			Prior coverage cancelled or non-renewed in past three years?		
Any employee under 16 or over 60 yrs of age?			Any employees predominantly work at home?		
Any seasonal employees?			Any tax liens or bankruptcy in past 5 years?		

EXPLAIN ANY "YES" RESPONSES

**APPLICANTS SIGNATURE** – by signing below you state that you have answered all questions on this application truthfully and to the best of your knowledge. You also understand that the purpose of this application is to obtain an insurance quotation and that no coverage is in place or will be in place by simply completing this application.

Signature \_\_\_\_\_ Print \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_