

**HOW TO COMPLETE AN ACORD APPLICATION FOR
WORKERS' COMPENSATION INSURANCE**

- Indicated areas of the application must be completed.
- Please use these instructions to assist you with completing the Acord application.

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1. Applicant Name: Provide full name of the applicant including DBA's.
2. Mailing Address: Provide mailing address of the applicant.
3. Years In Business: Number of years applicant has been in business.
4. Entity: Indicate whether applicant is an individual, partnership, or corporation.
5. Federal Employer ID Number: 9 digit federal ID number
6. Locations: Provide all physical locations for the applicant.
7. Proposed Effective Date: Provide the proposed effective and expiration dates.
8. Part 1 (States): Show CA for California; NV for Nevada
9. Rating Information: Provide respective class codes, *classification description, number of employees, and remuneration (payroll) in that class.

*A copy of the client's declaration page of their current coverage will assist you in determining classifications.

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10. Individuals Included/Excluded: List all officers or partners to be included or excluded from coverage, including titles and ownership percentage totaling 100%. Owners are excluded from coverage, but if they elect to be included they will be subject to the minimum/maximum payroll rule and charged for coverage.
11. Prior Carrier Information: Provide currently valued loss runs from the prior carrier for the past three years (applications over \$50,000 in premium require 4 years of loss runs). A no loss letter on insured's letterhead, signed by the owner, is acceptable for new ventures and accounts of less than \$15,000.
12. Nature of Business/Description of Operations: Provide a complete description of the applicant's operations (attach a business brochure, if available).
13. General Information: Answer "yes" or "no" to all questions. Explain all "yes" answers in the remarks section below.
14. Contact Information: Provide a contact person's name and telephone number.
15. Applicant's Signature: Although not always required, we recommend asking for the applicant's signature to verify the accuracy of all the included information.

Workers Compensation Supplemental Application – Please complete in full to provide additional underwriting information. There are additional supplemental forms for specific industries, i.e. Physicians, Restaurants, Computers, Manufacturing, etc.

Submission Requirements:

1. Licensing information: W-9, Sub-Producers Agreement and a copy of your E&O.
2. Complete Acord, supplemental, & currently valued loss runs or a signed no loss letter when applicable.

THE INFORMATION CONTAINED HEREIN IS BELIEVED TO BE ACCURATE. 1
HOWEVER, IT IS SUBJECT TO CHANGE SO WARNER PACIFIC IS UNABLE
TO GUARANTEE ITS ACCURACY.