



Insurance



PEARL INSURANCE®

Plan Administrator:

1200 East Glen Avenue, Peoria Heights, IL 61616-5348

Questions: please call 800.622.0344

WORKERS' COMPENSATION APPLICATION

Your Name _____ Date _____

Company Name _____

Address _____

City _____ State (or Province) _____ Country _____ Zip _____

Phone Number () _____ Fax Number () _____ Email _____

Date new coverage needs to be effective ____ / ____ / ____

For internal use only. Email address will never be sold or shared.

DESCRIBE YOUR BUSINESS

Legal Entity Corporation Limited Liability Company Partnership Individual Other _____

Please provide a complete description of your business _____

Annual Sales/Receipts \$ _____ Year Business Purchased/Began _____ Federal Employer ID Number _____ (If applicable)

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? Yes No If Yes, please describe on separate page.

ADDITIONAL LOCATION

Street: _____ City: _____ County: _____ State: _____ Zip: _____

WORKERS' COMPENSATION

Annual Payroll \$ _____ Number of Employees: Full-Time _____ Part-Time _____ Leased/Contracted _____ Desired Effective Date _____

Select your desired coverage amount: \$100K / \$500K / \$100K \$500K / \$500K / \$500K \$1M / \$1M / \$1M (Limits of Liability vary by state mandated requirements.)

Are officers to be included for Workers' Compensation coverage? Yes No If Yes, please include payroll in total above and answer the following questions.

Please list the names of the owners/officers and their titles (use a separate sheet of paper, if necessary):

Name _____ Title _____ Salary \$ _____

Name _____ Title _____ Salary \$ _____

Are any employees leased to other companies or businesses on a permanent or temporary basis? Yes No

Are any employees leased from a Professional Employment Organization (PEO)? Yes No

Does the insured have officers in this state? Yes No

Are there states or operations for the named insured that are being excluded from the submission? Yes No

Does the customer have any permanent or temporary operations, home-based employees, make deliveries, or use subcontractors that reside in the state you are applying in? Yes No

APPLICATION FRAUD WARNING

Any person who knowingly and with the intent to defraud any insurance company or another person files an application containing materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties.

Duty of Disclosure: In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide the insurers. In this respect, you must provide all information relating to the risk whether favorable or not, which would influence the judgment of prudent insurer in determining whether they will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the contract from its commencement, which may lead to claims not being met.

Signature _____ Date _____

PLEASE SIGN AND DATE IN INK

Please fax completed application to 866.817.9009 or mail to: 1200 E. Glen Ave., Peoria Heights, IL 61616

If you have any questions, please call 800.622.0344.

Administered by Pearl Insurance in all states except in CA (Lic. #0F76076) and AR (Lic. #1322).

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