



PACIFIC BASIN INSURANCE COMPANY

P.O. Box 500710, Saipan, MP 96950

Tel. Nos. (670) 234-5860/7864

Fax Nos. (670) 234-7841

WORKER'S COMPENSATION APPLICATION

| | | | | |
|-----------|--|---|--|--|
| PRODUCER | | APPLICANT'S INFORMATION | | |
| | | NAME | | |
| | | MAILING ADDRESS (Indicate Zip Code) | | |
| | | <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER | YEARS IN BUSINESS |
| CODE | SUBCODE | EMPLOYEE ID NO. | RATING BUREAU ID | <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE <input type="checkbox"/> SOUND |
| LOCATIONS | | | | |
| # | STREET, CITY, COUNTRY, STATE, ZIP CODE | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

POLICY INFORMATION

| | | | | |
|---------------------------------------|---|--|---|--|
| INSURER | POLICY NUMBER | PROPOSED EFF. DATE | PROPOSED EXP. DATE | NORMAL ANNIVERSARY RATING DATE |
| PREVIOUS INSURER | PREVIOUS POLICY | <input type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING | DIVIDED PLAN/ SALARY GROUP | RETRO PLAN |
| COVERAGE A (STATES) | <input type="checkbox"/> COVERAGE B <input type="checkbox"/> DIRECT BILL | AGENCY BILL | PAYMENT PLAN <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY | AUDIT PERIOD <input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY |
| SPECIAL COMPANY AND STATE INFORMATION | | | | |

RATING INFORMATION

| CLASS CODE | COMPANY CODE | CATEGORIES, DUTIES CLASSIFICATION | NO. OF EMPLOYEES | ESTIMATED ANNUAL REMUNERATION | RATE | ESTIMATED ANNUAL PREMIUM |
|-------------------------|--------------|-----------------------------------|------------------|-------------------------------|------|--------------------------|
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | \$ | |
| TOTAL | | | | | \$ | |
| MODIFIED PREMIUM | | | | | \$ | |
| PREMIUM DEPOSIT | | | | | \$ | |
| TOTAL DEPOSIT | | | | | \$ | |
| TOTAL EST. ANNUAL PREM. | | | | | \$ | |
| MINIMUM \$ | | | DEP. PREMIUM | | \$ | |

| INDIVIDUAL INCLUDED /EXCLUDED PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED | | | | | | | | |
|---|-------------------------|-------------------|--|-----------|---|------------|---------------|--------------|
| # | NAME | AGE | TITLE RELATIONSHIP | OWNERSHIP | DUTIES | INC./ EXC. | CLASS CODE | REMUNERATION |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| PRIOR EXPERIENCE PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS. | | | | | | | | |
| YEAR | INSURER & POLICY NO. | ANNUAL PREMIUM | MOD. | #CLAIMS | AMOUNT PAID | RESERVE | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS Give comments and descriptions of business operations and products. Manufacturing raw materials, process, and product equipment. Contractor-type of work. Sub-contracts, Mercantile-merchandise customers, deliveries, service type, location. Farm-acreage, animals, machinery, sub-contractors. | | | | | | | | |
| GENERAL INFORMATION PLEASE PROVIDE ALL THE REQUIRED DETAILS FOR YES RESPONSES BY USING THE REMARKS AREA BELOW | | | | | | | | |
| | YES | NO | | | | | YES | NO |
| (1) Does Applicant Own, Operate, or Lease Aircraft/Watercraft? | | | (11) Any employees under 16 or over 50 years of age? | | | | | |
| (2) Any Exposure to Flammable, Explosive, Caustic, Fumes? | | | (12) Any employees over 60 years of age? | | | | | |
| (3) Any exposure to Radioactive Materials? | | | (13) Any Part Time or Seasonal Employees? | | | | | |
| (4) Any work performed underground or above 15 feet? | | | (14) Is there any volunteer or donated labor? | | | | | |
| (5) Any work performed on barges vessels, or docks? | | | (15) Any Employee with Physical Handicaps? | | | | | |
| (6) Is applicants engages in any other type of business? | | | (16) Do employee travel out of State? | | | | | |
| (7) Are sub-contractors used? | | | (17) Are Athletics Teams Sponsored? | | | | | |
| (8) Any work sublet without certificate of insurance? | | | (18) Are pre-Employed physicals Required? | | | | | |
| (9) Is a formal safety program in operation? | | | (19) Any other Insurance with this Insurer? | | | | | |
| (10) Any group transportation provided? | | | (20) Any prior coverage declined/cancelled not renewed (last 3 years)? | | | | | |
| INSPECTION (CONTACT/PHONE) | | | | | ACCOUNTING RECORDS (CONTACT/PHONE) | | | |
| REMARKS: It is hereby UNDERSTAND AND AGREED that Notice to the Carrier must be given prior to any deployment of any worker(s) to be under this policy to any other work category (ies) and deployment of any covered worker (s) to any other employer may failure to serve such notice (s) shall exonerate from and all liability under this policy. | | | | | | | | |
| I hereby warrant the truth of the above statement, and I declare that I have not withheld any information whatever which tend in any way to influence the acceptance of this application. Specifically, I agree to advise the company in writing if the age of the youngest male driver will be other than stated herein. I understand that any false statement by me will constitute a breach of warranty and cause the policy to be void. | | | | | | | | |
| APPLICANT'S SIGNATURE | | | | | PRODUCER'S SIGNATURE | | | |