



ECA-Nonsubscription
"Control With Confidence"

Submit-A-Quote

Complete this form and submit it to txnonsubscriberpolicy@gaig.com.

3211 Internet Blvd., Suite 370 / Frisco, Texas 75034, Phone (800) 299-5250, Fax (972) 931-2126,
 Email txnonsubscriberpolicy@gaig.com

Please remit this form along with a copy of your in force Texas Agent's Insurance license and Error & Omissions Dec Page.

Applicant Information

	Yes	No
Applicant Name _____ Requested Effective Date _____		
Address _____ City _____		
State TX _____ Zip _____ Nature of Business _____		
Number of years in business _____ Tax ID# _____		
Date of workers' comp coverage rejection _____		
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		
Has worker's comp or occupational accident coverage ever been canceled, refused or non-renewed? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant subject to LPG or TxDOT Regulations? Within what radius does applicant haul? _____	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant handle, store, or engage in transport of hazardous materials <i>(including but not limited to explosive, caustic, poisonous or flammable materials)?</i> If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Please specify commodities hauled: _____		
What percentage of loads are <u>manually</u> loaded or unloaded <i>(use 0% if no manual (un)loading)</i> ? _____% Loaded _____%Unloaded		
Does applicant use Co-Drivers? _____%	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant perform any work at heights over 24 ft.? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do any employees travel out of state? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do any employees travel outside the United States? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant use temporary employees? If yes, please provide number of temporary employees: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your Texas-based operations include employees that reside outside of Texas? If yes, please attach a list of states and the total number of employees residing in each.	<input type="checkbox"/>	<input type="checkbox"/>

Work Information

	Yes	No
Are Owners, Officers or Partners to be covered?	<input type="checkbox"/>	<input type="checkbox"/>
Are any affiliate companies to be covered? If yes, please provide Legal Name, Address and number of employees at each location.	<input type="checkbox"/>	<input type="checkbox"/>

Work Information Continued

Yes No

# of Full-Time		# of Part-Time		Classification Code	Annual Payroll by Class (as reported to IRS)	Classification or Description	
W-2	1099	W-2	1099				
Total Number of Employees _____				Total Payroll \$ _____			
Waiver of Subrogation?						<input type="checkbox"/>	<input type="checkbox"/>
Current Worker's Comp or Accident Premium \$ _____							

Benefits to be Quoted

**PLEASE CALL FOR OTHER OPTIONS.*

Yes No

CSL Benefit _____ <small>(\$300,000 - \$5,000,000 CSL)</small>	SIR _____ <small>(\$1,000 - \$500,000 (Self Insured Retention))</small>		
Benefit Period: <input type="checkbox"/> 52 Wks <input type="checkbox"/> 104 Wks <input type="checkbox"/> 156 Wks			
Weekly Income (75% up to \$700) _____	Waiting Period _____ days		
Please submit 3 years (hard copy) current valued loss history: Valuation Date of loss information _____			
Year	Carrier	Total Losses	Description of Each Loss in Excess of \$5,000 (Use separate sheet if necessary)
1. Has this applicant (or affiliate) been in the Texas Workers' Compensation System in the last 3 years? If yes , have they had an experience modification factor of 1.50% or higher?		<input type="checkbox"/>	<input type="checkbox"/>
2. Has the applicant (or affiliate) ever had an Employer's Liability claim?		<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant have Employer's Excess Indemnity coverage? Carrier Name _____		<input type="checkbox"/>	<input type="checkbox"/>
4. Does the applicant have a written Safety/Loss Control Program? Date Program initiated _____		<input type="checkbox"/>	<input type="checkbox"/>
5. Does the applicant have any Pre-hiring requirements? If yes , please provide details on a separate sheet.		<input type="checkbox"/>	<input type="checkbox"/>
<small>Please provide a copy of the written Safety Program as well as any additional information regarding applicant's loss control practices. If the answer to #2 or #3 is YES, please give a complete descriptions, dates, and amounts of claims on a separate sheet.</small>			

Agent and Applicant hereby acknowledge that: (a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely solely on the information provided in this Fax-A-Quote, along with any attached data, in considering whether to provide the requested insurance coverage; and (c) this Fax-A-Quote shall become a part of the Policy should coverage be bound.

Agent _____	Agent Email _____
Phone _____	Fax _____
Agent Signature _____	Date _____
Applicant Signature _____	Date _____