



**NATIONAL
INTERSTATE**
INSURANCE
Member of Great American Insurance Group

FORESTRY NEW BUSINESS SUPPLEMENTAL APPLICATION

3250 Interstate Drive, Richfield, OH 44286-9000, Phone: 800-929-1500 Fax: 330-659-8907, www.natl.com

National Interstate Insurance Company
Triumpher Casualty Company

National Interstate Insurance Company HI
Vanliner Insurance Company

CONTACT INFORMATION

For all questions and to submit an application, please contact:

Michelle Ceschan, Marketing Specialist

Email: michelle.ceschan@natl.com

Phone: 800-929-1500 x 1372

Mobile Phone: (513) 917-4478

SUBMISSION REQUIREMENTS

- **National Interstate Supplemental Application**
- **Acord 125** & applicable **Acords** for requested lines of coverage
- **Driver List** with full name, date of birth, driver license numbers, state of license, date of hire & years of experience
- **Vehicle schedule** with make, model, year, VIN, vehicle classification and states amount
- **Motor Vehicle Report (MVRs)**: run within the previous 45 days for all listed drivers
- **Loss Runs**: 5 years of currently valued loss runs for all requesting a quote, valued within 90 days of effective date
- **Narrative or summary of account**
- **Financials** including Balance Sheet and Income Statement if deductibles are being requested
- **Workers' Comp Supplemental Applications, EMOD & Loss Runs** if WC coverage is being requested

COVEAGES REQUESTED

- | | | |
|--|---|--|
| <input type="checkbox"/> Auto Liability | <input type="checkbox"/> Auto Physical Damage | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Excess Liability | Limit: _____ |

AGENCY INFORMATION

Today's Date: _____ Incept Date: _____ Quote Need By Date: _____

Agency: _____ Producer: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Are you the incumbent? ☐ Yes ☐ No For how long? _____

APPLICANT INFORMATION

Applicant's Legal Name: _____

DBA (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DOT#: _____ Website: _____

MC#: _____ FEIN: _____

Business Type: ☐ Individual ☐ Partnership ☐ Corporation Years in Business: _____

☐ LLC ☐ Joint Venture

Have you owned a similar business or had any change in ownership, management or the name of your business in the past 5 yrs.? ☐ Yes ☐ No

If yes, please explain: _____

Is your business a subsidiary of another entity or does your business have any subsidiaries? ☐ Yes ☐ No

If yes, please provide details: _____

Owner(s) active in the business? ☐ Yes ☐ No Owner's Name: _____ Years of Experience: _____

KEY MANAGEMENT PERSONNEL

Title	Name	Yrs. in Position	Phone	Email
President/CEO				
Operations Manager				
Safety Director				

CURRENT CARRIER

Indicate Current Carrier and Expiring Premium for each coverage requested.

	Auto Liability	Auto Physical Damage	General Liability	Workers' Comp	Excess Liability
Current Carrier					
Current Premium	\$	\$	\$	\$	\$

COVERAGE & LIMITS

1. Auto Liability Coverage: ☐ Yes ☐ No

(Please provide Acord applications for desired ancillary coverages, endorsements, and limit requirements.)

Desired Auto Liability Limit: \$ Desired Deductible: \$

Desired UM/UIM Limit: \$

Hired/Non-Owned:

2. Auto Physical Damage: ☐ Yes ☐ No

Total Stated Amount: \$ Desired Deductible: \$

3. Workers' Compensation: ☐ Yes ☐ No *If yes, please complete the Supplemental Workers' Compensation Application.*

4. General Liability Coverage: ☐ Yes ☐ No

(Please provide Acord applications for desired ancillary coverages, endorsements, and limit requirements.)

Desired General Liability Limit: \$ Desired Deductible: \$

5. Excess Liability Coverage: ☐ Yes ☐ No

Desired Excess Liability Limit: \$

BUSINESS INFORMATION

1. What is your primary service area?

Counties: _____

States: _____

2. Hours of Operation: _____

3. Total Number of Employees: _____ Full Time: _____ Part Time: _____

4. Number of full and part time employees:

_____ Feller/Cutter	_____ Machine Operators
_____ Truck Drivers	_____ Mechanics
_____ Other (Describe)	_____

5. Does applicant allow drivers to haul during non-daylight hours? ☐ Yes ☐ No If so, what are the hours? _____

6. With whom do you contract (by % of operations)?

_____ % Federal Government	_____ % Mills
_____ % Private	_____ % State Government
_____ % Other (Describe)	_____

7. Number of Vehicles (Please attach a current vehicle list with year, make, model, type, VIN and the stated amount.)

	Ex-Hvy Tractors/ Trucks	Heavy Tractors/ Trucks	Medium Trucks	Light Trucks/ Service/ Escorts	Trailers	Est. Annual Mileage	Revenue	Annual Gross Receipts
Projected								
Current Year								
1st Prior Year								
2nd Prior Year								
3rd Prior Year								
4th Prior Year								

8. Radius

<50 Miles	
50 - 200 Miles	
201 - 500 Miles	
501+ Miles	

Average Length of Haul: _____

Maximum Length of Haul: _____

OPERATION INFORMATION

LOGGING INFORMATION

1. Type of Operation

Exposure	Percentage	Check if Sub-Contractors
Hauling	%	<input type="checkbox"/> Yes %
Logging/Timber Cutting	%	<input type="checkbox"/> Yes %
Forestry Services	%	<input type="checkbox"/> Yes %
Firewood Sales	%	<input type="checkbox"/> Yes %
Vacating Land	%	<input type="checkbox"/> Yes %
Pole Yard/Pallet Manufacturing	%	<input type="checkbox"/> Yes %
Timber Cruising	%	<input type="checkbox"/> Yes %
Other:	%	<input type="checkbox"/> Yes %
Total	100%	

If other, please explain: _____

2. Type of Logging/Forest Work Performed

Exposure	Percentage	Check if Sub-Contractors
Conventional/Shovel	%	<input type="checkbox"/> Yes %
Mechanized	%	<input type="checkbox"/> Yes %
Reforestation	%	<input type="checkbox"/> Yes %
Yarder	%	<input type="checkbox"/> Yes %
Helicopter	%	<input type="checkbox"/> Yes %
Road Building/Maintenance	%	<input type="checkbox"/> Yes %
Masticating	%	<input type="checkbox"/> Yes %
Quarry/Gravel Pit	%	<input type="checkbox"/> Yes %
Blasting	%	<input type="checkbox"/> Yes %
Other:	%	<input type="checkbox"/> Yes %
Total	100%	

If other, please explain: _____

3. List commodities transported by the applicant (Show as %, should total 100%):

Logs _____ % Chips _____ % Equipment _____ % Lumber _____ % Poles _____ %
Sand/Gravel _____ % Materials _____ % Other _____ %

If other, please explain: _____

4. Does the applicant employ subcontractors for any operations, including hauling? ☐ Yes ☐ No

5.

a.

Name of Subcontractor	Type of Work Performed

b. Are all sub-contractors required to:

- Provide a certification of Insurance with at least \$1,000,000 for Auto & General Liability? ☐ Yes ☐ No
- List you as Additional Insured on both their GL & Auto policies? ☐ Yes ☐ No
- Sign a subcontractor agreement which includes hold harmless & indemnification wording in your favor? ☐ Yes ☐ No
- Offer a waiver of subrogation in your favor? ☐ Yes ☐ No
- Offer primary/non contributory wording in your favor? ☐ Yes ☐ No
- Do subcontractors ever drive your vehicles? ☐ Yes ☐ No or haul trailers you own? ☐ Yes ☐ No

c. Cost of subcontracted hauling? _____

6. List ownership of land logged by the applicant: _____

7. How many crews are run? _____

8. What is the average number of runs per truck/per day? _____

9. Does the applicant build any roads or landings? ☐ Yes ☐ No

a. If yes, who is responsible for engineering, surveying- and layout of roads?

10. List any state licenses or certificates pertaining to logging held by the applicant and/or any professional associations to which the applicant belongs: _____

11. Who is responsible for marking boundaries and/or specific trees to be cut?

☐ Insured ☐ Timber Dealer ☐ Property Owner ☐ Other

If other, who: _____

- If employed by you, is this person a certified forester? ☐ Yes ☐ No
- Is a title search performed? ☐ Yes ☐ No
- Is a professional surveyor used to verify boundary lines? ☐ Yes ☐ No
- Are property lines verified with the adjacent property owner? ☐ Yes ☐ No
- Is a written contract used with all sub-contracted foresters? ☐ Yes ☐ No

12. Does the applicant perform any automobile, equipment or truck maintenance or repair trucks for others? ☐ Yes ☐ No

13. Does the applicant perform any slash burning? ☐ Yes ☐ No

14. Is the applicant contracted to assist fighting forest fires? ☐ Yes ☐ No

15. Does the applicant cut trees within 200 ft of any structure? ☐ Yes ☐ No

16. Do you perform any of the following activities: arborists, tree trimming, urban logging, land clearing, right of way clearance, road or power line clearance, etc.? ☐ Yes ☐ No If yes, please describe _____

17. Does the applicant perform any non-logging operations or use their equipment for non-logging operations? ☐ Yes ☐ No

If yes, please describe: _____

18. Any hauling of flammables, explosives or chemicals? ☐ Yes ☐ No

If yes, please describe: _____

AUTOMOBILE, PHYSICAL DAMAGE LIABILITY & DRIVER INFORMATION

1. Do you lease or loan vehicles to others? ☐ Yes ☐ No

If yes, please explain: _____

2. Do you allow owners or employees to take company owned vehicles home or on personal business? ☐ Yes ☐ No

If yes, please explain: _____

3. Vehicle maintenance procedures:

- Do you have a written maintenance program? ☐ Yes ☐ No
- Are daily vehicle inspection reports completed and reviewed? ☐ Yes ☐ No
- Are periodic maintenance checks done by a mechanic? ☐ Yes ☐ No
- Are vehicle maintenance records kept? ☐ Yes ☐ No
- Do you employ your own mechanics? ☐ Yes ☐ No
- Do you store or service the vehicles of others? ☐ Yes ☐ No

h. Describe the key features of your preventative maintenance program: _____

4. Indicate the procedures used in the employee screening and hiring process (*check all that apply*) :

- ☐ Written Application ☐ Road Test ☐ Physical Abilities Testing
☐ Written Test ☐ Physical Exam ☐ Pre-Employment Drug Testing

5. How often are MVRs run and reviewed? _____

6. Do you have a written criteria for acceptable MVRs? ☐ Yes ☐ No

Please describe: _____

7. Are all drivers properly licensed? ☐ Yes ☐ No

8. Do you have a written driver training program? (*if yes, please attach*) ☐ Yes ☐ No

9. Do all drivers receive a Driver Training Course with their job description? ☐ Yes ☐ No

What Driver Training course is utilized? _____

How often is the course repeated? _____

What percentage is in-class vs on-the-road training? _____

10. What is the minimum number of years experience for drivers? _____

11. What is your driver turn over rate? _____

12. Max # of hours per week per employee: _____

13. Is a disciplinary plan documented for all drivers? ☐ Yes ☐ No

If yes, please describe: _____

14. Do you have a written accident reporting procedure? ☐ Yes ☐ No

If yes, please describe: _____

15. Are guest passengers (family members, friends of driver, etc.) authorized passengers? ☐ Yes ☐ No

16. How are the applicant driver's compensated? {e.g. hourly, mileage, etc.}: _____

17. Do you have any drivers under the age of 25 or over the age of 65? ☐ Yes ☐ No

If yes, describe their driving duties: _____

18. Describe your vehicle security procedures: _____

19. Are any form of cameras/telematics/technology used in the fleet? ☐ Yes ☐ No

If so, what brand does the fleet have? _____

What is the number of views? _____

What % of the fleet has it? _____ %

20. Please respond to the following with respect to your driver(s)/fleet safety program:

a. How often are safety meetings held? _____

b. Is attendance to these meetings mandatory? ☐ Yes ☐ No

c. How are the safety meetings documented? _____

d. Does the applicant have a full time safety director? ☐ Yes ☐ No

If yes, list name: _____

21. Do you haul logs for others? ☐ Yes ☐ No

If yes, please state percentage of operations: _____ %

GENERAL LIABILITY, EQUIPMENT & SAFETY

1. How many years of experience does the applicant require for the equipment operators? _____

2. Provide a brief overview of the applicant's maintenance program: _____

3. Please respond to the following questions regarding your equipment maintenance:

a. Does the insured maintain a contract maintenance schedule? (If yes, please attach) ☐ Yes ☐ No

b. At what intervals is the equipment maintained (time, hours, other)? _____

c. Do you have an equipment preventative maintenance program in place? ☐ Yes ☐ No

d. How long are maintenance records kept? _____

- e. How often is combustible debris cleaned from equipment? _____
- f. How often are hydraulic hoses inspected/replaced? _____
- g. How often are belly pans removed from equipment for cleaning and removal of combustible debris? _____
4. What fire protection equipment does the applicant maintain at each jobsite? _____

5. Describe the type, size and number of portable fire extinguishers attached to each piece of equipment to be insured: _____
6. Does the applicant have fire extinguishers and fire suppression systems inspected and certified on an annual basis by an outside vendor? ☐ Yes ☐ No
7. Describe security measures taken when equipment is left overnight at the job site: _____
8. Where is the logging equipment stored when not in use? _____
a. Describe security measures at storage location(s): _____
9. Does the applicant lend or rent their owned equipment to others? If yes, answer questions below: ☐ Yes ☐ No
a. With or without operator? _____
b. How often? _____
c. What kind of equipment? _____
10. Describe your in wood's smoking policy: _____
11. Describe the applicant's fire watch/cool down procedures: _____

12. Does the applicant have a Safety handbook? *If yes, please provide a copy* ☐ Yes ☐ No
Employee handbook? *If yes, please provide a copy* ☐ Yes ☐ No

MANDATORY UNDERWRITING QUESTIONS

1. Has any company provided notice of cancellation/non-renewal or other wise cancelled/refused to renew your insurance? ☐ Yes ☐ No
If yes, please explain: _____
2. Have you ever filed for bankruptcy or had bankruptcy proceedings initiated against you by another party? ☐ Yes ☐ No
If yes, please explain: _____
3. Has your operating authority ever been suspended or revoked or have you received notice of intent to suspend? ☐ Yes ☐ No
If yes, please explain: _____
4. What procedures are in place to ensure an employee can opt-out of a transport due to fatigue? _____

Insurance Fraud Warnings

AL- Any person that knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

AR- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CA- For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO- It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC- WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL- Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LA- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties ME- may include imprisonment, fines or denial of insurance benefits.

MD- Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ- Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NY- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH- Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK- WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false incomplete or misleading information is guilty of a felony.

PA- Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

RI- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TN- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WA- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WV- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES- Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.

In the State of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

APPLICANT'S STATEMENT - Important! Read before signing.

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials". If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating to Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Agency Name: _____

Signature: _____

Broker's Authorized Signature

Date: _____

Applicant's Name: _____

Signature: _____

Applicant's Authorized Signature

Date: _____



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WORKERS' COMPENSATION APPLICATION

3250 Interstate Dr., Richfield, OH 44286-9000, Phone: 800-929-1500, Fax: 330-659-8907, www.natl.com

☐ National Interstate ☐ National Interstate of Hawaii ☐ Vanliner Insurance Company ☐ Triumpher Casualty Company

AGENCY INFORMATION

Incept Date: _____ Quote Date: _____
Agency: _____
Producer Name: _____ CS Representative: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Mobile Phone: _____ Email: _____
Code: _____ Sub Code: _____ Agency Customer ID: _____
Are you the incumbent? ☐ Yes ☐ No For how long? _____

INSURED INFORMATION

Name: _____
FEIN/SSN: _____ N.C.C.I.I.D. #: _____ U.I.D. # (HI, ME, MN, RI, UT): _____
Business Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Joint Venture ☐ Other
Description of corporate structure: (include any holding companies, parents, subsidiaries and affiliates. Also indicate if any of these entities are in the insurance quote request, attach separate sheet if necessary.) _____

Description of business operations, including commodities hauled. Provide a complete narrative for any other operations other than trucking or passenger transportation (attach separate sheet): _____

Contact Information

Type	Name	Office Phone	Mobile	E-mail
Inspection				
Accounting Record				
Claims Info				
Other:				

Company Website: _____ Company E-mail Address: _____
Effective Date: _____ Expiration Date: _____

Part 1 Workers' Compensation States: _____

Part 2 Employer's Liability Limits

Bodily Injury Occurrence Limit	Disease per Employee Limit	Disease Policy Limit

Part 3 Other States Insurance (Not Applicable to ND, OH, WA, WY) _____

Are any of the following additional coverages requested:

☐ U.S.L. & H ☐ Voluntary Compensation ☐ Waiver of Subrogation ☐ Alternate Employer ☐ Other

Named Insureds (attach separate list if more than six)

	Named Insured	FEIN		Named Insured	FEIN
1			4		
2			5		
3			6		

INSURED INFORMATION *continued***Location Information** *(Please see Addendum A to add additional locations and to include all remaining class codes)*

	Address	Class Code	Payroll	# of Employees	Average Weekly Wage
1					
2					
3					
4					

Individuals to be Included/Excluded *(Partners, Officers, Others)*

Name	DOB	Title/Relationship	Ownership %	Include /Exclude	Class Code	Payroll <i>(include Rating Info also)</i>

Payroll History *(Please see Addendum B to add additional states and to include all remaining class codes)*

State	Class Code	Current	1st Prior	2nd Prior	3rd Prior	4th Prior

Prior Carrier Information/Loss History

Year	Carrier Name	Policy Number	Experience Mod	Premium	# Claims	Amount Paid	Reserve
Projected							
Current year							
1st prior year							
2nd prior year							
3rd prior year							
4th prior year							

GENERAL INFORMATION

1. Is workers' compensation for any state to be excluded on this application? ☐ Yes ☐ No ☐ N/A
If yes, please list the states to be excluded: _____
2. If domiciled in Texas, is the company a Texas Workers' Compensation non-subscriber? ☐ Yes ☐ No ☐ N/A

GENERAL INFORMATION *continued*

3. Is any work performed underground or above 15ft? ☐ Yes ☐ No ☐ N/A
4. Are there any special filings required? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
5. Are you currently required to sign any wavier of subrogation, hold harmless or permanent/exclusive lease agreements? *If yes, provide copies* ☐ Yes ☐ No ☐ N/A
6. Has the company undergone any corporate restructuring (*merger/combination/separation, bankruptcy, tax liens*) in the past 5 years? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
7. Have you had any coverage declined, cancelled or non-renewed in the last 3 years? (*Not applicable in MO*) ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
8. Do you own, operate or lease aircraft or watercraft? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
9. Do you perform any work on barges, vessels, or docks, over water? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
10. Do you or your employees travel on business outside the U.S.? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
11. Do you have now or have you had in the past any operations involving hazardous materials? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
12. Is group transportation provided? ☐ Yes ☐ No ☐ N/A
13. Do you sponsor any athletic teams made up of your own employees? ☐ Yes ☐ No ☐ N/A
14. Do you have any other insurance with National Interstate or its subsidiaries? ☐ Yes ☐ No ☐ N/A

HIRING PRACTICES

1. Are all job applicants interviewed in person? ☐ Yes ☐ No ☐ N/A
2. Who is involved in the interview process? _____
3. What is the annual employee turnover rate? _____
4. Are any of the following required before and employee is hired?
- a. Background checks? ☐ Yes ☐ No ☐ N/A
- b. Drug Screening? ☐ Yes ☐ No ☐ N/A
- c. Vision test? ☐ Yes ☐ No ☐ N/A
- d. Physicals? ☐ Yes ☐ No ☐ N/A
5. Is there a formal Physical Abilities Testing program conducted by a Physical Therapist or other medical professionals? *If 'yes', how many?* ☐ Yes ☐ No ☐ N/A

6. Are motor vehicle records for drivers checked prior to hire? ☐ Yes ☐ No ☐ N/A
7. Do you have any current drivers with citations for DWI, DUI or reckless driving? ☐ Yes ☐ No ☐ N/A
If 'yes', how many? _____
8. Do you use independent owner operators (IOOs) or independent contractors? ☐ Yes ☐ No ☐ N/A
If 'yes', indicate how many are used over the course of a year. _____
9. Do any of your (IOOs) or independent owner operators carry Occupational Accident (OA) coverage in lieu of Workers' Compensation? ☐ Yes ☐ No ☐ N/A
If 'yes' please provide details. _____

HIRING PRACTICES *continued*

10. Are seasonal/temporary or casual/day labors employed? ☐ Yes ☐ No ☐ N/A
11. How often are seasonal/temporary or casual/day laborers employed? (daily, weekly, monthly) _____
12. How are seasonal/temporary or casual/day laborers hired? _____
-
13. Do you have any volunteer workers? ☐ Yes ☐ No ☐ N/A
If 'yes', please provide details. _____
-
14. Are there any employees subject to a collective bargaining agreement (CBA)? *If 'yes', please provide a copy.* ☐ Yes ☐ No ☐ N/A
15. Are there any employees under 16 or over 60 years of age? *(not applicable in CA)* ☐ Yes ☐ No ☐ N/A
16. Do any employees work remotely from home? ☐ Yes ☐ No ☐ N/A

SAFETY PRACTICES

1. Has a safety or loss control inspection been performed in the past year? ☐ Yes ☐ No ☐ N/A
If 'yes', please provide a copy of any recommendation developed and actions taken to correct them.
2. Is there a formal, written safety program in place for occupational injuries? Please provide a copy. ☐ Yes ☐ No ☐ N/A
3. Is there a set procedure for reporting claims, including an accident reporting form? ☐ Yes ☐ No ☐ N/A
4. Are workplace injuries investigated and root cause analysis documented? ☐ Yes ☐ No ☐ N/A
5. Has a job hazard analysis been completed for each job description? ☐ Yes ☐ No ☐ N/A
6. Is there a Wellness program in place? Please attach a copy. ☐ Yes ☐ No ☐ N/A
7. Are safety incentives related to Workers' Compensation offered? If 'yes', please specify. ☐ Yes ☐ No ☐ N/A
8. Do you have a written and implemented "Return to Work" program? Please attach a copy. ☐ Yes ☐ No ☐ N/A
9. Do you provide a medical plan for your employees? ☐ Yes ☐ No ☐ N/A
If 'yes', what is the percentage of employees enrolled? _____
10. Is there a contracted medical provider to treat injured employees? ☐ Yes ☐ No ☐ N/A

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

Applicant's Statement - Important! Read Before Signing.

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and be part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials". If a policy is issued, the application materials shall be deemed to be attached to and be part of the policy.

Applicant understands and acknowledges the following:

The insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval had been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issues in reliance on the information, statements, warranties and representations contained therein, and that policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of

Applicant, contain information that is incomplete, false, or misleading.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

California Applicants: For your protection. California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Agency Name: _____

Signature: _____

Date: _____

Broker's Authorized Signature

Applicant's Name: _____

Signature: _____

Date: _____

Applicant's Authorized Signature



**NATIONAL
INTERSTATE**
INSURANCE.
Member of Great American Insurance Group

WORKERS' COMPENSATION REQUIRED UNDERWRITING INFORMATION CHECKLIST

- ☐ National Interstate Workers' Compensation Application (signed)
- ☐ Loss Runs for each applicable entity (company loss runs for the current year and four (4) prior years valued within the past 60 days, along with the circumstances of all claims in excess of \$25,000)
- ☐ E-Mod worksheets for each applicable entity and state
- ☐ Independent Owner Operator/ Independent Contractor Agreement (if applicable)
- ☐ Permanent/Exclusive Lease Agreement (if applicable)
- ☐ Waiver of Subrogation Agreement (if applicable)
- ☐ Hold Harmless Agreement (if applicable)
- ☐ Collective Bargaining Agreement (CBA) (if applicable)
- ☐ Physical Abilities Testing Program (PATs) (if applicable)
- ☐ Written Safety Program (if applicable)
- ☐ Return to Work (RTW) (if applicable)

Addendum A**Location Information (Continued from Page 2)**

	Address	Class Code	Payroll	Number of Employees	Average Weekly Wage
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
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24					
25					
26					

Addendum B

Payroll History (Continued from Page 2)[illegible]